C.S.O. No. 71/1.

British Guiana.

REPORT

OF THE

SURGEON-GENERAL,

FOR THE YEAR

1936.

Printed by the Authority of His Excellency the Governor.

GEORGETOWN, DEMERARA:
"THE ARGOSY" COMPANY, LIMITED, PRINTERS TO THE GOVERNMENT OF BRITISH GUIANA.
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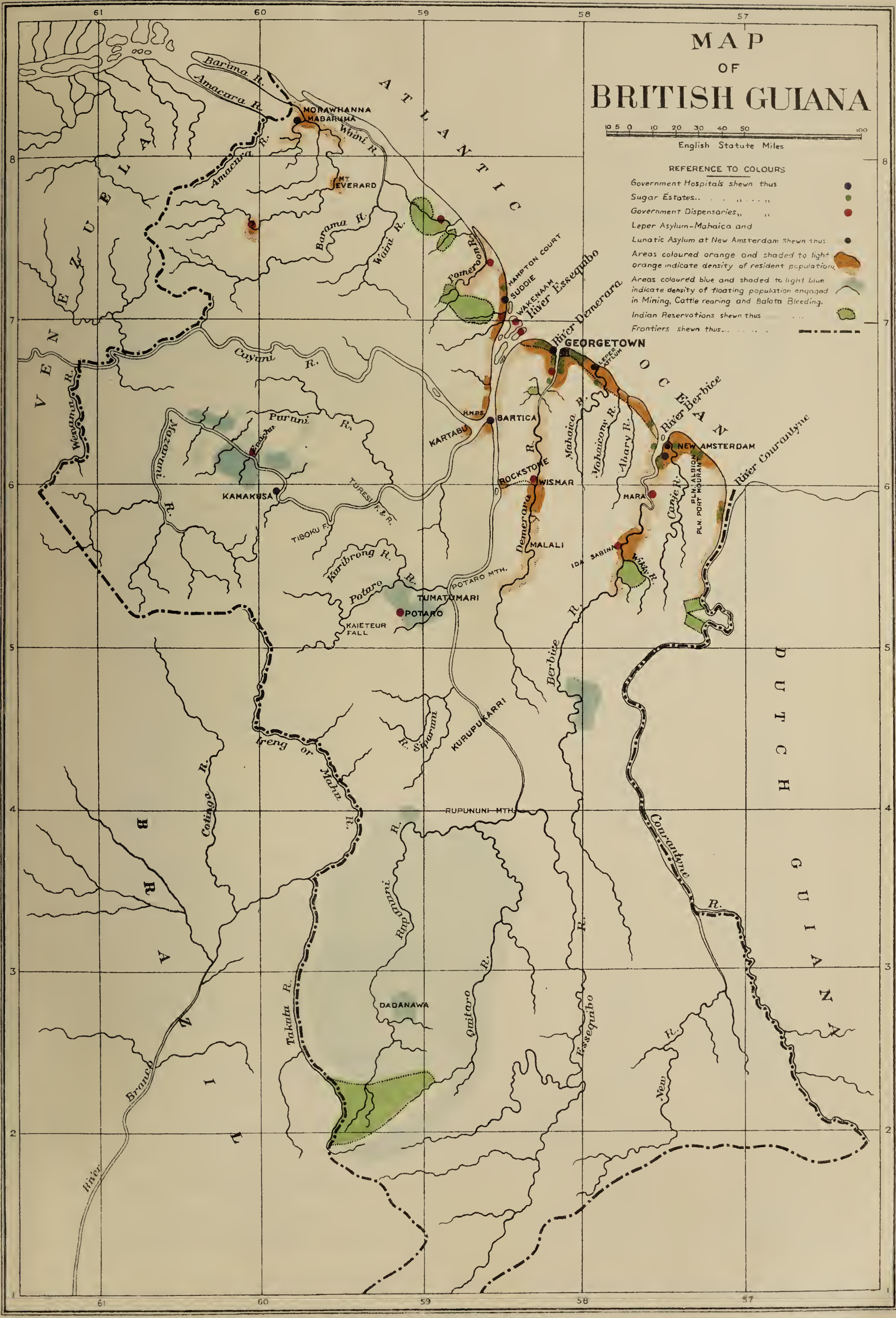

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CONTENTS

I.—ADMINISTRATIVE—

	Page.	Paragraph.
Medical Staff	1	1
Table I.—Distribution of Government Medical Officers on 31st December, 1936	2	2
Appointments	3	3–10
Temporary Appointments	3	11–23
Retirements and Resignations	4	24–29
Transfers	4	30–31
Deaths	4	32
Nursing Staff	4	33
Medical Ordinance, etc.	4	34
Financial (Expenditure and Revenue)	5	35–36

II.—PUBLIC HEALTH—

General Remarks	5	37–55

A.—General Diseases—

Nephritis	8	56–57
Respiratory Diseases	8	58
Bronchitis and Broncho-Pneumonia	8	59–60
Diseases of the Heart	9	61–62
Bowel Diseases	9	63
Cancer and other malignant tumours	9	64–68
Comparative statements of diseases and deaths	10	69–71
Rainfall	11	72, 436–438

B.—Communicable Diseases—

Malaria	11	73–83
Filariasis	12	84–89
Yellow Fever and Smallpox	13	90 and 116

C.—Infectious Diseases—

Notifiable Infectious Diseases	13	91
Influenza	13	92
Dysentery	13	93–97
Tetanus	14	98
Venereal Diseases	14	99–106
Yaws	19	107
Leprosy	19	108-113

D.—Helminthic Diseases—

Ankylostomiasis	26	114–115
E.—Quarantinable Diseases	27	116
III.—VITAL STATISTICS	27	117–149

IV.—HOSPITALS AND DISPENSARIES—

A.—Hospitals	32	150–174
Ophthalmic Department	35	175–182
Dental Department	36	183–186 and 193–197
Dental treatment of school children	36	187–192
X-Ray and Electrical Department	37	198–211
Table 2 showing accommodation, etc., for patients in public hospitals	40	—
Table 3 showing classification of in-patients and out-patients.	41	—
Table 4 showing diseases of out-patients and diseases and deaths of in-patients.	42	—
Table 5—surgical operations.	56	—
B.—The Mental Hospital	56	212–228
C.—Public Dispensaries	58	229–231

	Page.	Paragraph.
V.—PRISONS	... 58	232–236
VI.—ALMS HOUSE	... 59	237–246
VII.—INDUSTRIAL SCHOOL, ONDERNEEMING	... 60	247–254
VIII.—SUGAR ESTATES	... 60	255–265
IX.—MINING—MAZARUNI DIAMOND FIELDS	... 62	266–273
X.—HINTERLAND SETTLEMENTS ...	... 63	274–277
XI.—MATERNITY AND CHILD WELFARE ...	... 63	278–291

XII.—HYGIENE AND SANITATION—

Central Board of Health	... 65	292–312
Administration	... 67	313–314
Leave of Absence	... 68	315
Ordinances	... 68	316

Notifiable Diseases—

General Remarks	... 68	317–320
Tuberculosis	... 68	321–328
Enteric Fever	... 69	329–374
Diptheria	... 78	375–376
Chicken-pox	... 79	377–378
Ophthalmia Neonatorum ...	... 79	379–380

General Preventive Measures—

Details of work of Sanitary Inspectors	... 80	381–386
Buildings	... 80	387–391
Drainage	... 81	392–394
Trades and Industries ...	... 82	395–396
Burial Grounds	... 82	398–399
Vaccination	... 82	400

Special Preventive Measures—

Milk Testing	... 83	401
Bonification	... 83	402–404
Inoculation of School Children ...	... 83	405
Health Tours	... 83	406–408
Laboratory Work ...	... 83	409–415
XIII.—PORT HEALTH WORK AND ADMINISTRATION	... 86	416–435
XIV.—METEOROLOGICAL	... 88	436–438
XV.—SCIENTIFIC	... 88	439

APPENDICES.

	Page
APPENDIX A.—Details of work done by Sanitary Inspectors ...	... 85
APPENDIX I.—Report of the Government Bacteriologist for the year, 1936	... 89

SURGEON-GENERAL'S OFFICE,
GEORGETOWN, DEMERARA,
1st May, 1938.

SIR,

I have the honour to submit, for the information of His Excellency the Governor and the Legislative Council and for transmission to the Right Honourable the Secretary of State for the Colonies, the medical report on the health and sanitary conditions of British Guiana for the year 1936, together with the returns, etc., appended thereto.

I have the honour to be,
Sir,
Your obedient Servant,

B. N. V. WASE-BAILEY,
Surgeon-General (Acting).

The Honourable
THE COLONIAL SECRETARY.

BRITISH GUIANA.

ANNUAL MEDICAL REPORT FOR THE YEAR ENDING 31st DECEMBER, 1936.

I.—ADMINISTRATIVE.

1. The Medical Staff as authorised by the Estimate for 1936, consists of:—

1	Surgeon-General.
1	Government Medical Officer of Health.
2	Assistant Government Medical Officers of Health.
1	Bacteriologist and Pathologist.
1	Surgeon Specialist and Resident Surgeon, Public Hospital, Georgetown.
1	Medical Superintendent, Leprosy Hospital.
1	Opthalmologist.
27	Government Medical Officers.
1	Subsidised Medical Officer.
2	Supernumerary Medical Officers.

2. The distribution of the staff on the 31st December, 1936, is shewn in Table I.

TABLE 1.

Distribution of Government Medical Officers on the 31st December, 1936.

(1) Surgeon General.	(2) Government Public Health Department.	(3) Government Bacteriologist and Pathologist.	(4) Special Medical Appointments.	(5) X-Ray and Electrical Treatment Department.	(6) Officers in charge of Medical Institutions.	(7) Name of Institution and position of Medical Officer.	(8) Medical Officers attached to Institutions.	(9) Officers in charge of Institutions and Districts.	(10) Officers in charge of Medical Districts.	(11) Names of Institutions and Districts.	(12) Supernumerary Medical Officers.
Dr. J. A. Henderson.	(i) Government Medical Officer of Health and Port Health Officer, Georgetown–Dr. B. N. V. Wase-Bailey (1). (ii) Assistant Government Medical Officer of Health and Port Health Officer, New Amsterdam—Vacant (2). (iii) Assistant Government Medical Officer of Health and Deputy Port Health Officer, Georgetown—Vacant (3).	Dr. G. H. Steven.	(i) Surgeon Specialist and Resident Surgeon, Public Hospital, Georgetown—Mr. J. D. Grierson, F.R.C.S. (ii) Medical Superintendent, Leprosy Hospital—Dr. F. G. Rose, M.B.E. (iii) Ophthalmologist—Dr. J. A. Browne. (iv) Prison and Police Surgeon, and Medical Officer, No. 1 Dispensary and Alms House, Georgetown—Dr. D. J. Taitt.	Honorary Radiologist—Dr. F. G. Rose, M.B.E.	(i) Dr. J. Glavina (ii) Vacant (4).	Resident Surgeon, Public Hospital, New Amsterdam, Berbice. Medical Superintendent, Mental Hospital.	(i) Dr. G. A. Grandsoult. (ii) Dr. O. M. Francis (iii) Dr. E. G. H. Payne. (5) (iv) Dr. S. C. Bettencourt-Gomes. (6) (v) Dr. G. W. Mearns (7) (vi) Dr. W. D. Pollard. (vii) Dr. S. T. M. Sang. (8) (viii) Dr. C. Ramdeholl. (ix) Dr. N. J. Abbensetts. (x) Dr. N. J. Dias. (4 vacancies).	(i) Dr. G. M. Kerry.		Resident Surgeon, Public Hospital, Suddie, Medical Officer, Suddie District and Onderneeming Industrial School. (Acting).	Dr. L. S. Jaikaran. Dr. M. O. Luck.
								(ii) Dr. H. Ho.		Resident Surgeon, Public Hospital, Bartica and Medical Officer, Bartica District.	
								(iii) Dr. W. W. Besson.		Resident Surgeon, Public Hospital, Mabaruma, and Medical Officer, North West District.	
									(i) Dr. G. E. Carto	Canje-Highbury	
									(ii) Dr. J. E. R. Ramdeholl.	Buxton.	
									(iii) Dr. L. R. Sharples.	Port Mourant.	
									(iv) Dr. R. N. Cozier	West Coast, Demerara.	
									(v) Dr. J. Nedd ...	West Bank, Demerara.	
									(vi) Dr. G. T. G. Boyce.	Mahaica.	
									(vii) Dr. E. W. Reece	Cotton Tree.	
									(viii) Dr. C. R. Subryan.	Skeldon.	
									(ix) Dr. F. A. Viapree (subsidised Medical Officer).	Mahaicony.	
									(x) Vacant (9).	Peter's Hall.	

(1) Is also Surgeon-General's Deputy.
(2) Is also Honorary Medical Officer of Health for the town of New Amsterdam.
(3) Dr. O. M. Francis, Government Medical Officer (Acting).
(4) Dr. G. A. Grandsoult (Acting).
(5) Medical Officer in charge of Venereal Diseases Clinic, Public Hospital, Georgetown.
(6) Senior Physician, Public Hospital, Georgetown.
(7) Senior Surgeon, Public Hospital, Georgetown.
(8) Is also Visiting Medical Officer, Anna Regina, Pomeroon, and Wakenaam Dispensaries.
(9) **Dr. W. D. Pollard (Acting).**

Appointments.

3. Drs. C. F. Roza and L. S. Jaikaran were appointed Supernumerary Medical Officers for one year as from 1st May, 1936.

4. Dr. M. O. Luck was appointed a Supernumerary Medical Officer for one year as from 16th December, 1936, *vice* Dr. C. F. Roza, resigned.

5. Mr. C. H. Campbell was appointed Government Pharmacist as from 13th November, 1936, *vice* Mr. A. Fry. He arrived in the colony and assumed duty on 4th December, 1936.

6. Mr. V. G. Connett was appointed Assistant Government Radiographer as from 19th September, 1936. He arrived in the colony on 5th October, 1936, and assumed duty the same day.

7. Messrs. D. J. Dash and S. L. Dublin, second class dispensers, were appointed first class dispensers as from 1st June, 1936.

8. Mr. W. S. Shankland was appointed Warden, Leprosy Hospital, as from 23rd September, 1936, on which date he assumed duty.

9. Messrs. E. Madhoo and N. T. Martin, acting second class dispensers, were permanently appointed as from 1st June, 1936.

10. Mr. W. A. Jaundoo, Issuer, Leprosy Hospital, was appointed hospital clerk, of the same institution as from 1st January, 1936. He was succeeded by Mr. J. Dettering who was appointed Issuer as from 8th July, 1936.

Temporary Appointments.

11. Dr. B. N. V. Wase-Bailey was appointed to act as Surgeon-General during the absence on leave of Dr. J. A. Henderson in Barbados from 20th July to 17th August, 1936.

12. Dr. O. M. Francis, Government Medical Officer, continued to act as Assistant Government Medical Officer of Health throughout the year.

13. Dr. G. A. Grandsoult acted as Medical Superintendent, Mental Hospital *vice* Dr. C. E. S. Mitchell on leave prior to retirement, from 23rd May to 31st December, 1936.

14. In addition to his own duties, Dr. N. J. Dias acted as Senior Physician, Public Hospital, Georgetown, *vice* Dr. S. C. Bettencourt-Gomes on leave of absence, from 25th May to 31st December, 1936.

15. The following acted as Government Medical Officers during the year, viz.:—

Dr. L. S. Jaikaran from 1st to 31st December; he carried out the duties of Government Venereal Diseases Officer from 1st January to 9th March, 1936, *vice* Dr. E. G. H. Payne who was absent on leave; Dr. M. O. Luck acted as a temporary Supernumerary Medical Officer as from 1st May to 15th December, 1936; Dr. H. M. Hugh from 21st May to 31st December; Dr. C. C. Nicholson from 23rd May to 6th June, and again from 31st October to 31st December; Dr. A. B. Foo from 14th to 17th July and from 1st to 10th August; Dr. D. K. Jardine from 18th to 31st August; Dr. L. H. Wharton from 5th October to 31st December; Dr. C. M. de Souza from 17th to 19th October; and Dr. J. W. D. Ferdinand from 21st to 28th November, 1936.

16. Dr. J. W. D. Ferdinand was appointed a temporary Supernumerary Medical Officer as from 16th December, 1936.

17. Mr. G. I. Marshall, Chief Dispenser, Public Hospital, Georgetown, acted as Government Pharmacist from 22nd April to 3rd December, 1936, while Mr. C. S. Murray, first class dispenser, acted as Chief Dispenser from 29th April to 3rd December, 1936.

18. Mr. C. S. Murray, first class dispenser, Public Hospital, Berbice, acted as Steward of that institution from 7th to 31st December, 1936, during the absence on leave of Mr. C. E. Millington.

19. Mr. E. C. Griffith was appointed to act as a temporary clerk at the Mental Hospital, Berbice, as from 1st August, 1936, *vice* Mr. C. W. Joseph.

20. Miss G. Lewis acted as a temporary probationer in the Surgeon-General's Office from 4th May to 12th June, and again from 1st August to 31st December, 1936.

21. Mr. A. H. Bunyan acted as an assistant in the X-Ray Department from 2nd June to 31st December, 1936.

22. Messrs. M. Jekir, J. Sutherland and E. Sandiford, assistant nurses, were appointed to act as temporary dispensers from 2nd September, 21st September, and 1st October, 1936, respectively, to end of the year.

23. Mr. J. O. Morgan was appointed a temporary third technical aasistant in the Bacteriological Laboratory as from 17th August, 1936.

Retirements and Resignations.

24. Dr. Q. B. de Freitas, Government Medical Officer, retired on pension as from 15th May, 1936, on account of superannuation.

25. Dr. C. E. S. Mitchell, Medical Superintendent, Mental Hospital, Berbice, retired on pension as from 7th October, 1936, also on account of superannuation.

26. Dr. A. W. Dunn, Government Medical Officer, resigned his appointment as from 25th November, 1936.

27. Dr. C. F. Roza, Supernumerary Medical Officer, resigned his appointment as from 16th December, 1936.

28. Mr. A. Fry, Government Pharmacist, retired on pension as from 26th August, 1936, on account of superannuation.

29. Mr. A. J. Weston, Assistant Government Radiographer, left the service on the termination of his agreement on 14th May, 1936.

Transfers.

30. Dr. A. T. D. Whitfield, Government Medical Officer, was transferred to Nyasaland, with effect as from 11th September, 1936.

31. Mr. C. W. Joseph, Class III Clerk, Mental Hospital, Berbice, was transferred to the Government Public Health Department, Georgetown, as from 1st August, 1936.

Deaths.

32. There were no deaths during the year.

Nursing Staff.

33. Six European Nurses are attached to hospitals as under :—

(*a*) Public Hospital, Georgetown—
Superintendent of Nurses—Miss N. M. C. Horrocks.
Divisional Sisters—Misses F. F. N. James, E. Steele, V. E. Effer, and D. M. Cook.

(*b*) Public Hospital, New Amsterdam, Berbice—
Superintendent of Nurses—Miss A. B. Howe.

Ordinances, Regulations, etc.

34. The following Rules were made during the year :—

(*a*) Rules to amend the Rules of the British Guiana Society for the prevention and treatment of Tuberculosis.

(*b*) Regulations with respect to the control and regulation of the sanitation of markets in village, country, and rural sanitary districts.

Financial.

35. The following is a comparative statement of revenue and expenditure for the years 1934, 1935 and 1936.

(*a*) *Revenue—Medical Department,*

1934.	1935.	1936.
$36,321.31 (includes $1,881 for rent of quarters occupied by Medical Officers).	$39,679.03 (includes $2,068.85 for rent of quarters occupied by Medical Officers).	$40,700.83 (includes $2,535.32 for rent of quarters occupied by Medical Officers).

(*b*) *Expenditure—Medical Department, including Public Health Department.*

1934.	1935.	1936.
$567,732.40	$569,067.53	$564,307.02.

36. The percentage of actual expenditure on Medical and Public Health Services to actual revenue of the colony was;—

1934.	1935.	1936.
11.1%	10.9%	10.3%

II.—PUBLIC HEALTH.

GENERAL REMARKS.

37. *The state of the Public Health.*—As judged by the vital statistics the state of the public health for the year 1936 was well maintained, the records of the previous year being still further improved upon. The births first exceeded eleven thousand in 1935, being 11,262. In 1936 this figure rose to 11,736, the birth-rate rising to 35.3 (In the 1935 report it was stated in error at paragraph 34 on page 6,that the birth-rate of 34.3 was the highest yet recorded. It was the number of births which was the highest). The death-rate was also lowered from 20.6 to 20.4 per thousand of the population, whilst the infantile mortality also reached a new low record of 120, as against 122, per thousand registered births. Further comments will be found under the heading " vital statistics." A reference to the graph facing page 32 will shew, however, that the colony is at present in a ' trough ' following a wave of malaria in 1933–1934. If history is to repeat itself it seems likely that the number of deaths will rise again in two or three years, though, it is to be hoped, not to the same extent. This is mentioned not with any attempt at prophecy but rather to temper undue optimism over the present records.

38. *Epidemic of Typhoid Fever.*—There was an outbreak of typhoid fever in the last quarter of the year which chiefly affected the city of Georgetown and later spread outwards to the environs. A full commentary on the possible sources and the progress of the epidemic is given under the appropriate head.

39. *Central Board of Health.*—The Central Board of Health continued its functions and duties in terms of the Public Health Ordinance, and met regularly throughout the year. The Report of the Chief Executive Officer precedes the section on Hygiene and Sanitation.

40. *Site of the new Tuberculosis Hospital-Sanatorium.*—Much consideration has been given to the selection of the site for the new tuberculosis hospital-sanatorium made possible by a grant of £15,330 from the Colonial Development Fund. On the one hand were those who favoured a site on the outskirts of the city of Georgetown. Their argument stressed the convenience from an administrative standpoint, connection with the lighting, sewerage system and water supply of the city, and facilities for the patients' relatives and visitors which, with the existing wards at Best on the other side of the river, was one of the reasons why it was difficult to

get patients to be admitted and to remain for any length of time. Against this was the fact that the land would have to be purchased, thus biting largely into the available grant with a consequent reduction in the sum available for the buildings and equipment. Further, although at the time of erection the hospital might be on the outskirts of the city, any expansion of the city must sooner or later result in the hospital being situated within the heart of it. The reason for this is that because of the sea to the north, the river to the west and a sugar plantation to the south, expansion eastwards was alone practicable. A hospital situated on the eastern boundary would thus before long be centrally placed. With the rapidly increasing population year by year the question of expanding the city's boundaries must soon arise.

41. By taking in a vacant portion of land adjacent to the site of the existing wards at Best an area of over five acres of Colony land would be available free of cost except for the comparatively small sum of bonifying the area which has been estimated at $4,500. If, as it is hoped, the hospital-sanatorium will, as funds become available, be run somewhat on the lines of the Papworth system, the question of available land is all important. This would hardly be possible if the buildings were situated on a necessarily limited area in the midst of a city. At Best, besides the five acres there are a further two or three acres of Colony land which could, at proportionately small expense, be bonified and utilized when required.

42. The convenience of the connecting up of the hospital with the lighting, water and sewerage systems of the city were the site chosen on this side of the river was, by itself, a strong point in favour ; but with a modern generating plant sufficient to light the buildings, run the X-Ray apparatus and with reserve power for cinematographic and lantern displays, an artesian water supply with automatic pumping device and adequate storage, and an up-to-date septic tank system of disposal, this difficulty at Best could be overcome.

43. One practical advantage of the site being at Best is in the greater control of the patient that will be possible. Once the patient has reached the convalescent stage he is desirous of going home. Were the hospital on the outskirts of the city the difficulties of control would be greatly enhanced, as also of preventing contact with the outside population. To have to resort to a prison-like fence would be most undesirable.

44. The question of providing attractive facilities for relatives and visitors, will be met by the provision of free ferry passes twice weekly and other transport facilities.

45. *Venereal Diseases Clinic.*—Begun in 1935 as the result of a grant of £3,125 from the Colonial Development Fund, this Clinic was completed and open to the public in June and has at once proved the necessity for it. A full statement is given in the section on venereal diseases.

46. Facilities for the treatment of these social diseases now exist at the four larger hospitals, but apart from that in Georgetown they are comparatively poorly equipped and not especially staffed to this end. As funds become available expansion in these hospitals, as also the question of establishing clinics in the country districts, will merit full attention.

47. *Maternity and Child Welfare.*—Whilst activities under this head are given under a later section of this Report it may here be recorded that His Excellency Sir Geoffry Northcote decided to allocate the King George V Silver Jubilee Fund amounting to a sum of $3,800 to the Infant Welfare and Maternity League provided the scheme proposed for its utilization was approved. The League gratefully accepted the offer and recommended that "couch-cabinets" be constructed and installed in as many clinics as required them or it was possible to provide. As most clinics were held in a school-room or village office in the village and country districts the need for screens, the necessity for a proper couch for examination purposes,

and storage facilities for the weighing scales and other equipment, had been a long felt want. These would be combined in a couch-cabinet which, when closed, would harmonise with other furniture, and when opened up on clinic days provide the couch, the screens and the storage space. A suitable plate would indicate that it was provided from the fund. For other centres, such as at the Georgetown clinic and for the clinics at the Public Hospitals, individual special requirements would be considered. This scheme was approved by the close of the year. A quarter-sized model of the couch-cabinet was in course of preparation, and in its design Sir Geoffry Northcote took the closest personal interest.

48. *Nutrition.*—In July, 1936, His Excellency the Governor, as the result of a circular despatch from the Secretary of State, appointed a committee of three persons, the Government Medical Officer of Health, the Government Analyst and the Government Chemist-Ecologist, "to submit a survey report covering

(*a*) A review of the present knowledge of human nutrition in this Colony.

(*b*) A review of the further studies and researches on the subject which appear desirable.

(*c*) A review of the practical measures which have been taken in the past to apply scientific knowledge to the improvement of nutrition.

(*d*) A review of the further such measures which it appears desirable to take in the future.

(*e*) A review of the consequences which improvements in nutrition may have upon the economy of the Colony."

49. The Committee was still sitting at the close of the year.

50. *Housing and District Planning.*—A gradual tightening up in the enforcement of existing laws and bye-laws in respect of buildings and the laying out of land for building purposes is being effected in the village, county and rural areas of the Colony. For many years certain sections of the law had been allowed to remain in abeyance largely by reason of lack of adequate staff for the necessary inspections. As a result many buildings over the years had been erected on areas not properly drained, without proper means of access and without clear definition of the boundaries of the lots. Again, certain lots primarily laid out for agricultural purposes had become built upon, more particularly in that portion of the lots adjacent to the public roads, and with but little observance of the building by-laws in many instances.

51. Where Local Authorities are financially healthy recourse in such cases can be had to carefully prepared "improvement" or "reconstruction" schemes and the question of compensation can be considered. When, however, the reverse is the case and paucity of revenue, coupled with heavy outstanding commitments leaves nothing for new and major works of this nature, progress must inevitably be slow and correction of past delinquincies gradual.

52. With the appointment of an assistant Government Medical Officer of Health to be stationed in the County of Berbice where, perhaps a greater degree of haphazardness in the matter of building erection exists, it is hoped that the whole position will be able to be tackled more earnestly, and that order will in time come to supercede chaos.

53. *General Sanitary Activities.*—The section of the Report dealing especially with Hygiene and Sanitation fully covers the activities of the Government Public Health Department during the year under reveiw, but it may here be said generally that those activities have been maintained very satisfactorily. The aim has always been to consolidate and to improve upon existing services rather than too rapidly to embark upon new hygienic and sanitary enterprises only to find that staff and financial limitations preclude their efficient maintenance. It may be said, for example, that we are only nibbling at the important subject of the prevention of malaria in village and rural areas, but failing adequate funds and personnel to carry

out the larger schemes, the maintenance of individual lots free from excess bush and long grass, and insistence on filling in of water-retaining depressions, and the grading and cleanliness of inter-lot drains are slowly but surely having their effect upon the incidence of malaria fever.

54. Routine sanitary inspections of lots are, however, tending to become proportionately less frequent owing to persistent yet unavoidable expansion in other and more specialized directions, and the question of reducing the size of individual districts at present controlled by sanitary inspectors and a consequential increase of staff will before long arise. The more closely supervised control over building erections and alterations now obtaining has, for example resulted in an appreciable increase in the amount of time being spent by the sanitary inspector in the measuring up of the lot, the preparation of the plan and the entering up of the description on behalf of the applicant.

55. A gratifying feature of the year's work was the increasing realisation on the part of estate managers of the importance of the preparation of the ground prior to the erection of the buildings. Formerly, it must be admitted, the medical authorities of the day concentrated upon the requirements for the building itself rather than upon the surrounding land which, in a country heavily endemic with malaria, was of vastly greater importance. As the mosquito had not yet been incriminated as a vector no blame could be attached to those authorities, but the Department's aim must now be to stress the importance of filling in unnecessary drains which were dug largely to provide the earth for raising the ranges above swamp level (now avoided by raising the dwellings on pillars) of the land being levelled and graded off to the periphery, and of the bush being reduced to the minimum in the residential areas.

A.—General Diseases.

56. *Nephritis*—The total number of deaths was 584 which gave a rate of 1.7 per 1,000 in 1936 compared with an average of 566 deaths and a mean rate of 1.7 during the year 1926—1935. The following table shows the number of in-patients with acute and chronic nephritis together with deaths and case mortality in public hospitals of the colony for the last ten years :—

	Cases.	Deaths.	Case Mortality.
1927	794	206	25·9%
1928	495	161	32·5%
1929	484	143	29·5%
1930	449	111	24·7%
1931	473	124	26·2%
1932	486	135	27.7%
1933	459	150	32·7%
1934	538	159	29·5%
1935	549	111	20·2%
1936	462	113	24·4%

57. It is not improbable that many of the deaths attributed to nephritis may be on the one hand a sequela of malaria, or on the other, epidemic dropsy or beri beri. It is hoped that the Nutrition Committee, during the course of its investigations, may be able to throw further light on this matter by prolonged dietetic experimentation on a selected sugar estate, where so many dropsical cases occur.

58. *Respiratory Diseases.*—Pneumonia (Lobar and undefined pneumonia) was esponsible for 339 deaths throughout the colony with a rate of 1.01 per 1,000 compared with 369 deaths with a rate of 1.1 per 1,000 in 1935, and 362 and 1.1 respectively in 1934.

59. *Bronchitis and Broncho-Pneumonia.*—caused 538 deaths which is equivalent to a ratio of 1.6 per 1,000. During the previous ten years the number of deaths averaged 590 with a mean rate of 1.8 per 1,000.

60. The continued high incidence and mortality of bronchitis, bronchopneumonia and pneumonia year by year suggest a close association with malaria and it may be that many cases and deaths so diagnosed may have had their origin in repeated attacks or relapses from this mosquito-borne disease. The possibility of one or other of these respiratory disorders arising from ascaris infection is one that also merits further investigation, as this helminth is very common throughout the colony.

61. *Diseases of the Heart.*—There were 379 deaths registered in the colony from all forms of heart diseases (excluding diseases of the arterial, venous and lymphatic systems). 417 cases were treated in public hospitals with 142 deaths.

62. In this connection the Secretary of State has requested Government to draw the attention of the Municipality of Georgetown to the unduly high rate of heart disease in the city which the Colonial Advisory Medical Committee observed during its perusal of the report of the Medical Officer of Health for the year 1935, and to suggest that steps may be taken to ascertain the cause. Deaths from disease of the heart rank second in the list of chief diseases occurring in the city.

63. *Bowel Diseases (excluding the Enterics and the Dysenterics).*—The number of deaths registered in 1936 was 318 as compared with 280 in 1935. The average number of deaths during the previous ten years was 457 while the mean rate per 1,000 was 1.4 compared with .9 in 1936.

64. *Cancer and other malignant tumours.*—The total number of deaths from cancer in the colony during 1936 is given by the Registrar General as 110 as against 113 in 1935. The number of deaths and the death-rate per 1,000 from cancer from 1927 to 1936 are as follows:—

Year.	No. of Deaths.	Rate per 1,000 of Population.
1927 ...	81	.26
1928 ...	67	.21
1929 ...	76	.24
1930 ...	89	.28
1931 ...	87	.27
1932 ...	112	.35
1933 ...	86	.26
1934 ..	113	.35
1935 ...	113	.34
1936 ...	110	.33

65. The average annual number of deaths during this decade was 93, representing a mean annual rate of .29 per 1,000 of the population.

66. 161 cases (new and old) of maligant diseases with 37 deaths were treated in public hospitals.

67. The following table gives the different forms of malignant growths (new cases) recorded in public hospitals together with the racial incidence:—

	Carcinoma.		Sarcoma.		Epithelioma.		Rodent Ulcer.		Endothelioma.		Unclassified.		TOTAL.	
	1935	1936	1935	1936	1935	1936	1935	1936	1935	1936	1935	1936	1935	1936
European (other than Portuguese)	1	...	...	...	...	...	...	...	...	...	...	...	1	...
European (Portuguese) ...	7	4	...	...	...	...	1	...	...	...	...	...	8	4
East Indian	23	31	2	2	...	1	...	...	...	...	5	...	30	34
African	59	59	3	2	2	1	...	1	...	...	8	...	72	63
Mixed	12	15	...	1	...	...	...	...	...	...	...	1	12	17
Chinese	3	2	1	2	...	...	...	...	...	...	...	...	4	4
	105	111	6	7	2	2	1	1	...	...	13	1	127	122

68. The East Indian and African races together comprise 81.3% of the total population, and it will be seen that 79.5% of the total number of new cases for the year 1936 occurred in these two races. Nevertheless, whereas the East Indian race represents 42.3% of the total population, and the African race 39.0%, only 34, or 27.87% of the cases occurred amongst East Indians, whilst 63, or 51.64% involved the African race.

69. The following table furnishes a comparative statement of diseases treated with deaths in Government hospitals during the years, 1932, 1933, 1934, 1935 and 1936 :—

	1932.		1933.		1934.		1935.		1936.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Malaria	2,509	137	2,509	167	2,364	154	2,535	161	2,359	125
Blackwater Fever	16	6	9	2	10	3	10	3	10	2
Dysentery	105	8	135	20	183	32	109	14	73	12
Enteric Fever	82	24	96	30	136	41	149	44	314	85
Diarrhœa and Enteritis and Colitis ...	307	67	359	80	460	150	255	39	211	45
Filariasis (and Filarial Bubo) ...	224	12	271	19	244	13	268	19	283	14
Heart Disease (all forms) ...	299	127	249	135	403	145	413	143	417	142
Nephritis (including Uraemia) ...	486	135	459	150	538	159	549	111	462	113
Pneumonia	108	54	177	118	136	92	162	100	188	90
Broncho-pneumonia	79	46	108	52	92	57	83	49	62	38
Bronchitis	716	88	706	103	792	118	753	82	590	66
Tuberculosis (including Phthisis) ...	550	170	538	165	456	135	487	146	480	143

70. The deaths registered as due to the same diseases throughout the colony for the same period are as follows :—

	1932.	1933.	1934.	1935.	1936.
Malaria and Undefined Fevers	1,034	1,140	1,203	694 260	754—Malaria Fever. 277—Undefined Fevers.
Blackwater Fever...	8	6	13	8	7
Dysentery	68	118	235	72	60
Enteric Fever (including Typhoid and Para-typhoid Fevers)...	46	68	85	69	115
Enteritis (including Diarrhœa)	332	456	595	280	318
Filariasis (including Filarial Bubo) ...	52	73	38	43	65
Heart Disease (all forms)	336	359	343	379	379
Nephritis (including Uraemia)	491	517	573	539	584
Pneumonia	298	441	362	369	339
Broncho-pneumonia	210	271	194	222	193
Bronchitis	353	415	448	419	345
Tuberculosis (including Phthisis) ...	320	289	253	274	261

71. The diseases responsible for the highest number of deaths for the whole colony during the years 1932, 1933, 1934, 1935, and 1936, arranged in quarterly periods, are shown in the following table :—

Diseases.	March Quarter.					June Quarter.					Sept. Quarter.					Decr. Quarter.					Total.				
	1932	1933	1934	1935	1936	1932	1933	1934	1935	1936	1932	1933	1934	1935	1936	1932	1933	1934	1935	1936	1932	1933	1934	1935	1936
Malaria and Undefined Fevers	224	252	421	...	...	191	226	257	...	...	281	309	225	...	...	338	353	300	...	...	1,034	1,140	1,203	...	...
Malaria	...	...	...	191	176	...	...	...	138	169	...	...	...	156	203	...	...	...	209	206	...	...	...	694	754
Undefined Fevers ...	...	...	...	61	72	...	...	...	58	66	...	..	...	82	81	...	...	...	59	58	...	...	...	260	277
Pneumonia and Bronchitis ...	208	380	415	247	245	193	246	219	320	227	200	251	201	245	212	260	250	169	198	193	861	1,127	1,004	1,010	877
Kidney Diseases ...	114	157	186	157	157	125	111	137	141	137	127	117	120	125	144	135	143	142	127	151	501	528	585	550	589
Diseases of early Infancy (including Premature Birth, Infantile Debility, etc.) ...	157	220	302	207	166	101	118	143	120	134	154	170	106	116	162	229	203	165	164	169	641	711	716	607	631
Bowel complaints (including Dysentery, Diarrhœa, Enteritis, etc.) ...	108	179	399	121	110	92	132	261	98	110	103	135	120	108	107	155	200	134	90	129	458	646	914	417	456
Phthisis and other forms of Tuberculosis ...	83	104	68	79	59	81	58	75	75	58	80	70	48	61	70	76	57	62	59	74	320	289	253	274	261
Diseases of the Circulatory System ...	96	99	128	116	123	88	106	118	98	102	95	99	84	131	122	117	133	95	100	105	396	437	425	445	452
Diseases of the Nervous and Sense Organs ...	90	98	123	98	105	90	101	107	93	79	122	78	85	80	81	86	109	97	98	93	388	386	412	369	358

72. The Director of Agriculture has kindly supplied the following information regarding the quarterly rainfall at the Botanic Gardens, Georgetown :—

	1932.	1933.	1934.	1935.	1936.
1st Quarter ...	16·14	18·00	33·90	20·35	18·01
2nd Quarter ...	41·67	32·50	14·83	27·08	40·36
3rd Quarter ...	13·96	24·43	15·31	27·29	13·47
4th Quarter ...	18·74	41·62	17·00	11·63	32·25
Total ...	90·51	116·55	81·04	86.35	104·09

B.—Communicable Diseases.

MOSQUITO OR INSECT-BORNE.

73. *Malaria.*—The statistical data concerning the incidence of and mortality from malaria are obtained from the hospitals and dispensaries and from the Registrar General. A total of 2,369 cases were treated (of which 2,294 represented new admissions) as in-patients to the public hospitals, whilst 16,371 persons were treated as out-patients for this disease in the public hospitals and dispensaries. In addition many cases received treatment by medical officers and dispensers at estate hospitals and dispensaries. Little reliance, however, is placed upon out-patients diagnosis of this disease. Of the 2,369 in-patients 1,679 were unclassified as to type, there being 309 benign tertian, one quartan, 305 chronic, and 65 sub-tertian, with 10 cases of blackwater fever. Of the deaths, 7 were stated to be from benign tertian, 13 from sub-tertian, 32 from chronic malaria, 2 from blackwater fever and 73 as unclassified malaria.

74. The Registrar General reports 754 deaths from malaria throughout the colony, together with 277 deaths from undefined fever. Prior to 1935 no differentiation was recorded. Taking these figures together (as 1,031) for the purposes of comparison the average annual number of deaths from malaria for the past quinquennium (1932—1936) was 1,072, as against 1,283 for the previous five years (1927—1931). The average annual population of the colony for the two quinquennia was 324,672 and 310,408 respectively. Despite, therefore, an appreciable increase in the population there is evidence that malarial deaths are less frequent or the cases are less severe than formerly obtained. Undoubtedly the routine sanitary activities in respect of individual lots and the increasing number of bonified areas are reflected in these improved figures.

75. Malaria fever continues to remain the most important disease in this colony, not only from the standpoint of causing the highest number of deaths, but because of its crippling effects on the community. The majority of the inhabitants preserve a high degree of apathy towards it and its prevention. Year by year they suffer from repeated attacks, yet only few undertake energetic treatment, whilst still fewer voluntarily attempt preventive measures on their own land.

76. And yet this disease, in this colony, is one of the most preventible of all diseases, and the solution lies in land treatment. Proof of this has been obtained in the case of the Mazaruni Station (formerly the Penal Settlement). From a highly malarial and heavily anopheline infested station it has remained practically malaria free for more than five years (occasional cases have occurred amongst the casual labour and those from Bartica) and no anopheline adult or larva has since been seen. Radical measures of drainage improvement, swamp filling, levelling and grading off many acres of land were undertaken by the Health Department with convict labour, and spread over about eight months. What has been done here can be carried out elsewhere. It is gratifying that a few estate managers have come to realise the importance of this work of the bonfication of estate yards—not only to the benefit of the labourer—though the problem of acquiring malaria when working aback must admittedly be more difficult of solution—but to their wives and children and particularly to the expectant mother. It is to be hoped that the results of such improvement will soon convince others, and that before the ranges or the cottages are built the land will first be bonified.

77. In the towns and villages also much remains to be done. Although financial difficulties present a big problem in the majority of instances, a more concerted endeavour might well be made by local sanitary authorities in the direction of insisting upon the cleanliness and maintenance of drains and trenches, and of filling swamp areas under their charge.

78. Below is given a table showing the total number of in-patients treated in public hospitals, the number of cases of malaria and deaths together with the case mortality, and the annual rainfall as taken at the Botanic Gardens (Georgetown) for the ten years 1927–1936:—

Year.	Total In-Patients.	Cases Malaria including Blackwater Fever.	Deaths Malaria including Blackwater Fever.	Case Mortality.	Rainfall (Inches).
1927	20,671	3,188	184	5.8%	118.63
1928	20,126	2,607	156	6.0%	96.48
1929	19,577	2,304	167	7.2%	71.62
1930	19,637	2,236	133	5.9%	84.87
1931	18,276	1,854	115	6.2%	69.26
1932	19,015	2,525	143	5.7%	90.51
1933	19,754	2,518	169	6.7%	116.55
1934	19,935	2,374	157	6.6%	81.04
1935	20,528	2,545	164	6.4%	86.35
1936	21,026	2,369	127	5.3%	104.09

79. Percentage of malaria cases among out-patients who were treated at public hospitals:—

Year.	Total number of Out-Patients.	Number of Patients treated for Malaria (including Blackwater Fever).	Percentage of Malaria Patients.
1932	53,245	10,567	19.8
1933	58,308	10,987	18.8
1934	61,640	10,672	17.3
1935	64,803	12,052	18.5
1936	54,449	8,867	16.2

80. The total amount of quinine products issued to Government hospitals, dispensaries and departments and to schools and mission stations was:—

Description.	Amount issued.	Cost.
Quinine Sulphate	333 lbs.	$2,497 50
Quinine Bihydrochloride	33 lbs. 13 ozs.	346 24
Quinine Bihydrochloride Apoules	724 boxes containing 6 ampoules each	171 12
Totaquina Tablets—gr. i	3 lbs. 8 ozs.	10 50
Totaquina Tablets—gr. iii	21 lbs.	105 00
Totaquina Tablets—gr. V	363 lbs.	1,633 50

81. In addition the amount of anti-malaria specifics (synthetic) issued was—

Description.	Amount Issued.	Cost.
Atebrin Tablets ...	40,275	$ 974 66
Atebrin Apoules...	56 boxes—each box containing 2 ampoules	34 72
Plasmoquine Simplex Tablets	11,525	152 13
Quino-plasmoquine Tablets	20,550	291 81
Quinine et Urethane Ampoules	2 boxes	1 12

82. 7 deaths were registered in the whole colony as due to blackwater fever as compared with 8 in 1935. 10 cases were treated in public hospitals with 2 deaths as against 10 cases and 3 deaths in 1935.

83. The districts in which those cases most probably contracted the disease were East Coast and West Bank, Demerara, West Coast, Berbice, and North West District.

84. *Filariasis.*—The deaths registered throughout the whole colony were 65, but of these only 53 were certified by registered medical practitioners. Of the 65,

10 were European (Portuguese) 11 East Indian, 1 Chinese, 35 Black and 8 of mixed races. No less than 53.8% of the deaths therefore occurred amongst Africans who represent only 39% of the total population of the colony.

85. Of the 65 deaths, 22 occurred amongst males and 43 amongst females. That practically double as many women died from this disease, as compared with men suggests an etiological source associated with the home. If the culicine mosquito is the sole transmitting agent of filariasis, it stresses the importance of the prevention of the breeding of this insect in residential areas.

86. Although the cause of death has been given as 53 by medical practitioners it is probably the secondary septicaemia which is the real cause, although abdominal filariasis accounts for some. It is not improbable, however, that the cause of death in many instances is given as filariasis, because at one time or another the patient gave a history of this disease, when the actual cause of death may have been an incidental one. It is difficult otherwise to account for only 14 deaths in all the public hospitals from filariasis out of a registered total of 65 for the colony as a whole.

87. In the public hospitals of the colony 438 persons were recorded as suffering from filariasis in the out-patient departments, of whom 123 were male and 315 female. Of in-patients there were 283 cases with 14 deaths. Of these 256 cases and 11 deaths were in respect of the Public Hospital at Georgetown. The preponderance of cases and deaths at this hospital does not necessarily mean that they originate in the city, but with the onset of the septicaemia many cases are referred to the central hospital.

88. No cases of filarial bubo are recorded as having occurred in any of the public hospitals, whether as out-patients or in-patients. It is probable that many formerly diagnosed as filarial are now considered climatic buboes and are thus classified under "lymphangitis, lymphadenitis (non-filarial)". Others may be included under the general heading of filariasis. Of the non-filarial group mentioned there were recorded as out-patients 193 male and 125 female cases, with 82 in-patients.

89. As regards elephantiasis only 6 male and 16 female cases are recorded as out-patients in all the hospitals for the year, with 18 in-patients and no deaths. This by no means, however, represents the true position as to the incidence of elephantiasis in the colony, as there must be many persons so suffering who do not come before a doctor. Although most cases of this complaint may be seen within the city it is probable that this is in some measure accounted for by a tendency to gravitate thereto owing to the smaller distances the patient has to walk to and from her home and her work, or the shops.

90. There were no cases of yellow fever or small-pox.

C.—Infectious Diseases.

91. A report on notifiable infectious diseases is given in Section XII.

92. *Influenza.*—21 cases were treated in public hospitals with no deaths. The deaths registered as due to the same disease throughout the colony were 83.

93. *Dysentery including amoebic, bacillary and other forms.*—The deaths registered throughout the colony numbered 60, representing a death-rate of .18 per 1,000 of the population. During the two quinquennial periods 1927–31 and 1932–36 there were recorded 695 and 553 deaths respectively. The figures are somewhat variable year by year, and should be taken with some reserve in that only one half to two-thirds of the recorded deaths are "certified" by a medical practitioner.

94. It was at first hoped that a study of the figures with respect to the water-borne diseases and the extension of the sinking of artesian wells throughout the colony would have been completed to enable reference being made thereto in this report, but general pressure of work has prevented this.

95. In the meanwhile it may be said that the evidence does tend to shew that a decline in the incidence and mortality from these diseases is occurring.

96. Taking the out-patients at all the public hospitals (though the figures are not very reliable) recorded as suffering from all forms of dysentery, it will be found that there were 11,205 cases during the quinquennium 1927—1931, and only 445 from 1932—1936. Of all cases during the decade 1,019 were males and 551 females.

97. As regards in-patients of all public hospitals, the same quinquennial periods shewed 816 cases, with 113 deaths, as against 605 cases, with 86 deaths, respectively. The case mortality remained for the two quinquennial periods much about the same, being 13.8% for the earlier and 14.2% for the later period.

98. *Tetanus.*—30 cases were treated in public hospitals, with 14 deaths, compared with 31 cases and 24 deaths in 1935.

99. *Venereal Diseases.*—The following table gives the number of cases of venereal diseases treated as in-patients in public hospitals for the last ten years :—

	SYPHILIS.					Soft Chancre.	Gonorrhœa and its Complications.	Granuloma Venereum.
	Primary.	Secondary.	Tertiary.	Hereditary.	Stage not Indicated.			
1927 ...	246	16	597	39	...	6	195	123
1928 ...	157	38	418	88	1	170	372	145
1929 ...	228	31	352	67	9	120	616	130
1930 ...	271	44	471	37	31	38	626	111
1931 ...	214	121	782	123	68	12	526	57
1932 ...	75	46	651	89	12	38	647	71
1933 ...	159	51	604	107	7	60	645	63
1934 ...	96	36	664	62	3	46	696	88
1935 ...	130	16	433	41	2	38	657	69
1936 ...	66	17	460	46	...	47	624	69

100. The number of Novarsenobillon and other injections given for syphilis at the public hospitals was 21,050 compared with 16,179 in 1935.

101. The tables below furnish statements, classified in age-incidence periods, of in-patients treated for venereal diseases in public hospitals, prisons, and the Alms House during the year 1936 :—

(i)—PUBLIC HOSPITALS.*

Age.	(a) SYPHILIS.												(b) Acute Gonorrhœa.			Chronic Gonorrhœa.			(c) Chancroid.			(d) Granuloma Pudendi.		
	Primary.			Secondary.			Tertiary.			Hereditary.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year ...	...	...	..	..	...	...	...	..	...	6	3	9	4	6	10	...	...	...	...	...	...	...	...	...
1 to under 5 ...	...	...	...	...	...	...	...	..	...	5	2	7	3	6	9	...	...	...	...	...	...	...	...	...
5 ,, 10 ...	...	...	...	...	.	...	...	1	1	3	3	6	2	8	10	...	1	1	..	...	...	...	...	...
10 ,, 20 ...	5	4	9	1	3	4	5	14	19	17	24	41	24	25	49	9	10	19	4	2	6	1	3	4
20 ,, 30 ..	31	6	37	4	3	7	77	86	163	15	9	24	162	40	202	94	34	128	21	8	29	18	16	34
30 ,, 40 ...	14	2	16	4	...	4	87	70	157	...	...	...	97	8	105	106	11	117	7	3	10	10	1	11
40 ,, 60 ...	4	1	5	2	...	2	134	61	195	4	...	4	33	2	35	94	7	101	8	...	8	7	8	15
60 years and over	...	...	...	...	...	...	42	15	57	...	...	...	2	...	2	24	1	25	3	...	3	1	3	4
Total ...	54	13	67	11	6	17	345	247	592	50	41	91	327	95	422	327	64	391	43	13	56	37	31	68

* NOTE.—The totals in this table differ from those in the table above in that cases of double infection are here included.

(ii)—GEORGETOWN AND NEW AMSTERDAM PRISONS AND ALMS HOUSE.

Age.	(a) SYPHILIS.												(b) Acute Gonorrhœa.			Chronic Gonorrhœa.			(c) Chancroid.			(d) Granuloma Pudendi.		
	Primary.			Secondary.			Tertiary.			Hereditary.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
1 to under 5 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 ,, 10 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 ,, 20 ...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
20 ,, 30 ...	1	...	1	...	...	...	...	...	...	...	...	...	3	...	3	1	...	1	...	...	...	3	...	3
30 ,, 40 ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2	2	4
40 ,, 60 ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...
60 years and over	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	3	...	3	...	...	...	...	...	...	...	...	...	5	...	5	2	...	2	...	...	...	5	2	7

102. The tables below furnish statements, classified in age-incidence periods, of out-patients (new cases) treated at public hospitals, Government dispensaries and prisons during the year 1935 ;—

(i) PUBLIC HOSPITALS.

Age.	(a) SYPHILIS.												(b) Acute Gonorrhoea.			Chronic Gonorrhoea.			(c) Chancroid.			(d) Granuloma Pudendi.		
	Primary.			Secondary.			Tertiary.			Hereditary.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year ...	...	...	...	...	...	...	...	...	...	1	10	11	...	...	...	...	...	...	...	...	...	...	...	...
1 to under 5 ...	1	...	1	...	...	...	...	...	...	4	7	11	1	6	7	...	...	...	...	...	...	...	...	...
5 ,, 10 ...	...	...	...	1	1	2	...	...	...	7	5	12	2	6	8	...	...	...	...	...	...	...	...	...
10 ,, 20 ...	20	6	26	3	3	6	10	44	54	19	19	38	80	13	93	35	13	48	4	3	7	2	...	2
20 ,, 30 ...	86	13	99	19	8	27	81	152	233	7	2	9	383	39	422	174	39	213	21	3	24	2	3	5
30 ,, 40 ...	36	4	40	8	1	9	128	156	284	...	...	...	179	22	201	133	47	180	17	1	18	4	1	5
40 ,, 60 ...	16	...	16	3	1	4	118	86	204	1	...	1	50	13	63	97	10	107	11	...	11	4	2	6
60 years and over.	1	...	1	...	...	...	29	13	42	...	...	...	6	2	8	5	2	7	...	...	...	3	1	4
Total ...	160	23	183	34	14	48	366	451	817	39	43	82	701	101	802	444	111	555	53	1	60	15	7	22

(ii) GOVERNMENT DISPENSARIES.

Age.	(a) SYPHILIS.												(b) Acute Gonorrhoea.			Chronic Gonorrhoea.			(c) Chancroid.			(d) Granuloma Pudendi.		
	Primary.			Secondary.			Tertiary.			Hereditary.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year ...	...	1	1	...	...	...	...	...	...	2	2	4	2	4	6	...	..	...	...	...	...	...	...	...
1 to under 5 ...	...	...	...	..	...	...	...	..	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
5 ,, 10 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
10 ,, 20 ...	6	4	10	...	2	2	...	1	1	...	...	...	11	8	19	...	...	...	...	...	...	...	...	...
20 ,, 30 ...	6	4	10	6	3	9	2	2	4	...	...	...	84	25	109	14	3	17	4	...	4	2	...	2
30 ,, 40 ...	10	...	10	3	4	7	1	...	1	...	...	...	40	10	50	7	1	8	1	...	1	3	...	3
40 ,, 60 ...	1	2	3	7	...	7	1	4	5	...	...	...	13	4	17	8	2	10	...	...	...	...	...	...
60 years and over	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	..	..	...	...	...	...	...
Total ...	23	11	34	16	9	25	4	7	11	3	2	5	150	52	202	29	6	35	5	..	5	5	...	5

(iii)—GEORGETOWN AND NEW AMSTERDAM PRISONS.

Age.	(a) SYPHILIS.												(b) Acute Gonorrhoea.			Chronic Gonorrhoea.			(c) Chancroid.			(d) Granuloma Pudendi.		
	Primary.			Secondary.			Tertiary.			Hereditary.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year ...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1 to under 5 ...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	..	...	..	...	...	...	...
5 ,, 10 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 ,, 20 ...	2	...	2	..	...	..	...	...	...	...	...	...	9	...	9	...	...	...	2	...	2	...	...	...
20 ,, 30 ...	17	...	17	6	...	6	...	...	...	...	...	...	20	...	20	...	...	...	8	...	8	2	...	2
30 ,, 40 ...	10	...	10	2	...	2	...	...	...	...	...	...	7	...	7	...	...	...	4	...	4	2	...	2
40 ,, 60 ...	1	..	1	...	...	...	...	...	...	...	...	...	5	...	5	...	...	...	3	...	3	...	...	...
60 years and over	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
Total ...	30	...	30	8	...	8	...	...	...	...	...	...	41	...	41	...	...	...	18	...	18	4	...	4

103. The number cases of venereal diseases treated on sugar estates for the past three years was :—

	1934.	1935.	1936.
Gonorrhoea	223	215	136
Chancroid	9	7	8
Syphilis (including tertiary) ...	91	109	107
Granuloma Venereum and Pudendi ...	...	...	...

104. Classified in age-incidence periods the in-patients treated on sugar estates during the year were as follows :—

Age.	(a) Syphilis.												(b) Acute Gonorrhœa.			Chronic Gonorrhœa.			(c) Chancroid.			(d) Granuloma Pudendi.		
	Primary.			Secondary.			Tertiary.			Hereditary.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year ...	...	...	...	...	...	...	...	...	...	4	1	5	...	...	...	...	...	...	...	...	...	...	...	...
1 to under 5 ...	...	..	...	...	...	...	..	1	1	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
5 ,, 10 ..	...	...	...	...	..	...	.	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...
10 ,, 20 ...	1	...	1	...	2	2	...	...	...	...	...	..	12	4	16	...	...	...	...	...	...	...	...	...
20 ,, 30 ...	...	1	1	2	1	3	2	1	3	1	...	1	26	5	31	4	...	4	4	...	4	...	...	...
30 ,, 40 ...	2	...	2	1	3	4	2	3	5	...	...	...	21	4	25	2	1	3	2	...	2	...	...	...
40 ,, 60 ...	1	...	1	2	...	2	4	2	6	...	...	...	10	1	11	3	1	4	...	...	...	...	...	...
60 years and over	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	..	...	...	...	...	...	...
Total ...	4	1	5	5	6	11	8	7	15	5	1	6	71	14	83	9	2	11	6	..	6	...	...	...

105. The table below shows the out-patients (new cases) treated on sugar estates during the year classified in age-incidence periods :—

Age.	(a) Syphilis.												(b) Acute Gonorrhœa.			Chronic Gonorrhœa.			(c) Chancroid.			(d) Granuloma Pudendi.		
	Primary.			Secondary.			Tertiary.			Hereditary.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Under 1 year ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1 to under 5 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 ,, 10 ...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 ,, 20 ...	3	1	4	...	...	...	...	1	1	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...
20 ,, 30 ...	5	6	11	2	6	8	1	...	1	...	...	..	11	7	18	...	1	1	2	...	2	...	...	...
30 ,, 40 ...	10	6	16	1	2	3	..	...	...	...	...	...	11	1	12	...	...	...	...	...	...	...	...	...
40 ,, 60 ..	10	11	21	2	...	2	1	2	3	...	...	...	6	...	6	1	...	1	...	...	...	...	...	...
60 years and over	...	...	...	...	...	...	...	..	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Total ...	28	4	52	5	8	13	2	3	5	...	...	...	30	8	38	1	1	2	2	...	2	...	...	...

106. Below are extracts from the annual report for the year 1936 of Dr. E. G. H. Payne, Medical Officer in charge of the venereal diseases clinics at the Public Hospital, Georgetown :—

"The staff consisted of
1 medical officer.
1 male nurse (full time).
1 female nurse (full-time).
2 assistant male nurses (part time).
1 assistant female nurse (part time).

"I returned from leave and resumed duty on March 10th, 1936, thus, "relieving Dr. L. S. Jaikaran, who had been acting in charge of the clinic "from 1st January, 1936.

"The new venereal diseases clinic, the building of which was prac- "tically completed towards the end of the year 1935, was opened for "sessions during June, 1936.

"The building is situated in the compound of the Public Hospital "Georgetown, on land forming the southern boundary of the hospital "compound. It is immediately east of the out-patients' department. There "is a common entrance to both these departments—the venereal diseases "and general out-patients' departments.

"The venereal diseases clinic is provided with six consulting and "treatment rooms. Two rooms are specially fitted for the examination of "women patients, and are also used in the further detailed study and "instrumental treatment of male cases.

"In the eastern portion of the clinic are five irrigating cubicles which "are separated from the consulting and treatment rooms by a heavy drop "curtain. This arrangement permits the simultaneous intermediate "treatment of male and female cases, and the intermediate treatment "of male cases during sessions for females.

"In the irrigating department provision is made for the examination "of early cases of syphilis by the dark-ground method.

"To complete the description of the internal disposition of the treat- "ment and examination rooms must be mentioned a spacious waiting "room at the western end, and irrigating waiting room for men at the "eastern end, adjacent to the irrigating cubicles, and a small filing office.

"It may be appropriate at this time to mention that this new build- "ing permits extended facilities for the treatment of both male and female "cases.

"The clinics from January to end of May were conducted in the "wards of the hospital, and from June to December, in the new building

"*Syphilis.*—A general increase in the number of admissions over. "those of 1935 is shown. The number of cases of early syphilis, *i.e.,* in "the primary and secondary stages, approximated closely to those of the "years 1933 and 1934. It will be observed that in the detailed statistical "appendix I have included 66 cases of penile ulcer under the head 'undiag- "nosed.' These are either cases of primary syphilis or chancroid. They "did not continue their attendance long enough to warrant a diagnosis "of chancroid. Some of them defaulted quite early.

"The dark-ground microscope recently acquired was brought into use "during the last four months of the year, and was of great help. The "ideal of submitting each case to a dark-ground examination may only be "achieved when the staff as a whole has been augmented. A microscope "of this type should be a boon to medical officers in charge of this treat- "ment at other clinics in the country.

"New cases of early syphilis (primary and secondary) represented "14.6% of the total number of new admissions for syphilis. The ratio of "early syphilis to early gonorrhoea was 3 to 6.

Gonorrhoea.—The number of admissions for acute gonorrhoea has "shown an increase over the figure for 1934, but has been approx- "imately equal to those of the years 1932 and 1933. We received a "definitely increased number of cases of chronic gonorrhoea compared "with the years 1934 and 1935. In this group were many who had "received some kind of unqualified treatment, which continues to flourish "seemingly.

"60 cases of leucorrhoea were referred from the ante-natal centre for "diagnosis and treatment. It was possible to diagnose 36 of these cases "as of gonococcal origin. It does seem a great pity that we have not been "able to inaugurate a complement fixation test, which is so eminently "helpful in forming an accurate diagnosis and in assessing the control "and cure of cases in this group.

"The number of new cases of acute gonorrhoea represented 64% of "the total number of cases admitted for treatment.

"*Chancroid.*—The figures given under statistical tables call for no "comment apart from my remarks concerning 66 cases of penile ulcer "which I have made under the head 'syphilis.'

"*Granuloma Venereum or Pudendi.*—The incidence in this disease continues to be low. There is however a tendency for cases to present themselves with the disease in a rather advanced condition.

"*Attendances.*—The total number of attendances at the clinic has shown an increase over the figures of the past 3 years. Although no figures have been submitted to show the quality of attendances per disease, it is my opinion that patients have attended with a greater degree of regularity than in former years.

"*Defaulting* remains an urgent problem requiring early solution. My views in this connection are unchanged. It may be appropriate to remark at this stage, that I have recently submitted further suggestions, the aim of which pertains in a very great measure towards the reduction of defaulting.

"*Ante-natal and Infant Welfare Centre, Georgetown.*—Close co-operation continued between this department and the venereal diseases centre, Georgetown. A number of pregnant mothers, greater than the year 1935, were referred for the treatment of latent syphilis. Cases of leucorrhoea continued to be sent concerning which I have previously commented under the head 'gonorrhoea.'

"*Intermediate Treatment.*—The attendances for both male and female are submitted and disclose an increase over the previous year's figures.

"A certain number of cases which have been classified as 'undiagnosed' appear to be cases of Lympho-Granuloma Inguinale otherwise known as Climatic Bubo or Peradenitis Venerea. A supply of Frei's Antigen is being requisitioned for the performance of a cuti-reaction in these cases. This course has been recommended by the Government Bacteriologist in preference to the preparation locally of an antigen derived from the pus of suspected buboes."

APPENDIX A

TABLE I.—NEW CASES (MALE AND FEMALE) ADMITTED TO THE VENEREAL DISEASES CLINIC DURING THE YEAR 1936.

	Sy. 1.	Sy. 2.	Sy. 3.	Acute Gonorrhœa.	Chronic Gonorrhœa.	Chancroid.	Granuloma Pudendi.	Heredo-Syphilis.	N.V.D.	Un-diagnosed
	126	27	640	564	316	47	13	70	121	540
Comparative figures for 1935.	81	25	412	473	187	24	17	50	114	874

TABLE II.—TOTAL ATTENDANCES OF CASES (OLD AND NEW)—MALE AND FEMALE—24,161.

Half year	Sy. 1.	Sy. 2.	Sy. 3.	Acute Gonorrhœa.	Chronic Gonorrhœa.	Chancroid.	Granuloma Pudendi.	N.V.D.	Undiagnosed.
To 30th June ...	693	197	4,777	2,381	1,188	165	140	75	1,704
To 31st December.	739	239	5,849	2,237	1,148	135	137	81	2,276
Total ...	1,432	436	10,626	4,618	2,336	300	277	156	3,980

TABLE III.

CASES REFERRED FROM ANTE-NATAL AND CHILD WELFARE CENTRES.

	1935.	1936.
Total number referred	89	135
Total number attended	52	88
Total number defaulted	37	47

107. *Yaws.*—10 cases were treated in public hospitals compared with 19 cases in 1935. There were no deaths. 157 cases were treated in the out-patient departments as against 263 in 1935.

108. *Leprosy.*—The number of new admissions to the Leprosarium was 57, 35 males and 22 females, exclusive of patients who were re-admitted on account of inability to exist outside the institution owing to economic conditions (not because of recurrence of leprosy). There were 14 deaths—9 males and 5 females, giving a death-rate of 2.8 per cent of the total number of inmates.

109. The eight Sisters of Mercy from the United States are doing excellent work and their assistance in the nursing of the patients and at operations has been of the greatest value.

110. Mr. W. Shankland assumed duty in the newly created post of Warden on 23rd Septemper, 1936, and the appointment has already proved its worth.

111. The programme of maintenance and reconstruction works was continued during the year by the Public Works Department and the extensive improvements carried out is gratifying, particularly in respect of sanitary provisions which badly needed attention.

112. The following are extracts from the annual report for the year 1936 of Dr. F. G. Rose, M.B.E., B.A., M.D., (Camb.), M.R.C.P., (Lond.), D.M.R. & E. (Camb.), Medical Superintendent, Leprosy Hospital :—

" *Grounds.*—The roads are now in better condition than they have " been for many years.

" The cricket ground has been levelled, cut and rolled and is now " certainly the best on the East Coast, Demerara, while the football ground " and tennis lawns have also been kept in fair condition.

" The grounds in general are, however, much in need of levelling and " bushing at more frequent intervals.

" *Water Supply.*—The pipe-borne supply of artesian well water has " now been extended to the south block of the male compound and to the " new kitchen on the female side and is of very great value.

" There was no lack of potable water during the year.

" *Sanitation.*—Some septic tanks have been installed and a large " number of pails have been discarded. It would be hard for one un- " familiar with the surroundings to realise the enormous gain in comfort " and well-being this has entailed, especially to the blind and crippled.

" We suffered our annual visitation of mosquitos and flies towards " the end of the year, in spite of all efforts to abolish breeding places, but " fortunately this plague is usually for short duration.

" The grounds in general have been kept clean and there has been no " outbreak of acute infectious disease, nor any deaths from malaria.

" *Patients.*—The behaviour on the whole has been good, except for a " few individual cases of quarrelling, fighting, etc., inseparable from insti- " tution life.

" There were 6 births during the year, all from mothers admitted " pregnant and none being the result of illicit intercourse within the in- " stitution. Of the latter there has been no instance since January 10th, " 1935, a period of nearly 2 years.

" There were no absconders during the year.

" *Occupation.*—The usual minor repairs of buildings, painting, weed- " ing of the grounds, making of boots, shoes, slippers and clothing for the " use of the patients were done as usual by the attendant and patient " artisans and casual weeders.

" Many patients also engaged as usual in farming, poultry rearing, " etc., selling eggs, farm produce and poultry to the store, for their own " consumption.

"Patients also assist in maintaining cleanliness in the wards, dressing ulcers, giving injections and local applications and administering treatment in the electro-therapeutic department.

"*Sports and Pastimes.*—Cricket and football were played as usual, the patients' team having a most successful season in which they played 12 cricket matches against out-siders, with the loss of only 4.

"The usual dances and entertainments were organised, the wireless receiving set worked satisfactorily and the weekly 'Talkie' programme was, as usual, much appreciated.

"The Guide troops and Brownie packs, under the leadership of Mrs. F. G. Rose, Commissioner of Guides on the East Coast, Demerara, maintained their activities to the full.

"The Scout troops displayed little activity through want of a leader, but, with the assistance of the Warden plans were made for their resuscitation.

"*Religious Observances.*—The Rev. L. J. Chybnalle visited and ministered to those of the Anglican Communion during part of the year; after his departure his place was filled by the Rev. Canon Salmon of Plaisance.

"The Rev. H. Pendlebury, S.J., acted as Catholic Chaplain, while the Revs. C. Biles and J. B. Brooms ministered to the Presbyterian and Wesleyan Congregations, respectively.

"*Visitors.*—Official visits were paid by His Excellency the Governor, Sir Geoffry Stafford Northcote, K.C.M.G., accompanied by his A.D.C., the Surgeon-General, the Surgeon-General (Acting), the Director of of Public Works (Acting), the District Commissioner, East Coast, (Acting), the District Engineer (Acting), East Coast, Demerara, Public Works Department, the Honourable S. H. Seymour and the Official Visitors, viz., Mrs. S. H. Bayley, His Lordship the Bishop of Guiana, the Very Rev. Father Morrison, S.J., the Rev. J. B. Brindley and Mr. A. Groves.

"The Leprosy Board, comprising the Medical Superintendent as Chairman, the Government Bacteriologist, the Government Medical Officer of Health, the Medical Officer of Health for Georgetown, Dr. F. T. Wills and Dr. S. Bettencourt-Gomes, held 2 meetings for the purpose of confirming admissions and examining discharged cases.

"Other visitors included Lady Northcote, His Lorship Bishop Weld, Mrs. J. A. Henderson, Miss S. Lusk, Miss B. Briant, Miss E. Steele, Miss M. Cook, Mr. C. H. Campbell, Mr. R. Waters and Mrs. J. P. Santos, and the following from abroad :—

Miss Bertha Guzman Velasquez, Venezuela ;
Dr. F. Ellis, London ;
Mr. R. H. Gillender, London ;
Dr. H. C. Goldberg, U.S.A. ;
Judge J. Elmer Peak, U.S.A. ;
Mr. J. Arthur Wilson, U.S.A. ;
Dr. De Lacey, London, and
Mr. G. W. A. Norton, Barbados.

"*Gifts.*—Many gifts of books, newspapers, toys, etc., were received and distributed.

"A sum of $145.20 was collected by Mrs. F. G. Rose from various firms and individuals, out of which Christmas gifts for all the patients were provided. The Annual Christmas Tree function took place on December 31st.

"*School.*—There were 33 scholars on the register, the average attendance being 31.7.

"There was no official inspection of the school during the year.

"*The Children.*—There are now 19 girls and 2 small boys in the girls' portion of the Bishop Galton Home and 13 boys in the boys' cottage.

"The accommodation is seriously over-taxed, boys and girls have to be transferred too early to the adult quarters and infectious cases have to be housed with cases fit for parole.

"This is a very unsatisfactory state of affairs, which we hope, will be remedied in the near future.

"*Treatment.*—The treatment continues to yield satisfactory results.

"872 prescriptions were written for male and 487 for female out-patients residing in the cottages, while 100 males and 64 females were treated in the infirmaries as in-patients during the year.

"126 operations were performed on the male side and 44 on the female, their nature being as follows :—

Sequestrotomy		61
Excision of Nodules		39
Amputations—		
Leg	4	
Finger	4	
Toe	3	
Foot	2	
Phalanges	2	
Forearm	1	16
Paring lobes of ear		8
Tarsorrhapy		7
Incision nerve abscesses		6
Circumcision		5
Excision of infected Olecranon Bursa		4
Sub-mucous resection of Nasal Septum		3
Plastic operations face		3
Transplantation of nerve		2
Iridectomy		2
Radical operation for Inguinal Hernia		2
Peri-arterial sympathectomy		1
Cataract		1
Skin-graft		1
Pterygium		1
Tonsillectomy		1
Astragalectomy		1
Excision of ulcer		1
Reduction of dislocation		1
Excision of eyeball		1
Resection of ribs		1
Excision of Laryngeal cyst		1
Removal of tumour of face		1
Total ...		170

"17 operations were performed under a general anaesthetic, the rest with the aid of spinal or local anaesthesia, or without anaesthesia.

"Through the instrumentality of the Surgeon-General a supply of instruments has been obtained as well as of new beds for the infirmary, adding greatly to the amenities of the institution in general.

"2 visits were paid by the Government Ophthalmologist to advise as to treatment of various ocular conditions.

"275 sessions were held in the electro-theropeutic department, and 1,637 treatments administered to 64 male and female patients.

"Galvanism, faradism, diathermy and ultra-violet radiations were used.

" The following laboratory investigations were made :—

Nasal examinations	265
Skin examinations	37
Urine examinations	76
Faeces examinations	14
Blood Malaria	21
Blood Filaria	1
Sputum for B. Tuberculosis... ...	8
Pus for organism	5
Swabs for diphtheria bacilli	1
Pathological examination	1
Total	429

" At the end of 1936 there were 794 cases of leprosy, including active " quiescent and arrested, known to the authorities and believed to be alive.

" Of these 374 were inmates of the Leprosy hospital at Mahaica, 420 " being out-patients and discharged patients attending for treatment or " examination or both at the various clinics.

" 251 of the total number of 794 were regarded as arrested and 148 " as quiescent, 395 being cases in which there was still some evidence of " activity of the disease.

" 90 cases eluded observation during the year.

" Most of these were last seen in 1935, a few have been altogether lost " sight of for many years.

" Of the total of 794, 547 received treatment regularly throughout " the year.

" 32 patients were discharged as quiescent during the year, and there " were 57 new admissions of cases of leprosy.

" 2 quiescent cases became interrupted and 9 arrested cases relapsed " during 1936.

" The following were the types of cases admitted :—

Cutaneous.	Neural.	Neuro-dermal.	Mixed.
16	32	3	6

" 32 new out-patients were seen, classified as follows ;—

Neural.	Cutaneous.	Neuro-dermal.	Mixed.
26	1	4	1

" 14 deaths of persons suffering from leprosy occurred within the " Leprosy hospital, the causes of death being as follows :—

Neural Leprosy ; fracture of base of skull ; cerebral haemorrhage	1
Neural Leprosy ; Cardiac Failure	1
Neural Leprosy ; Pulmonary Tuberculosis	2
Neural Leprosy ; Uraemia	1
Neural Leprosy ; Syncope	1
Neural Leprosy ; Debility	1
Cutaneous Leprosy ; Dysentery	1
Cutaneous Leprosy : Acute Cerebral Meningitis ...	1
Neural Leprosy ; Chronic Nephritis	1
Neural Leprosy ; Tetanus	1
Mixed Leprosy ; Lobular Pneumonia	1
Cutaneous Leprosy ; Bronchitis	1
Still Birth	1
Total	14

" Table I shows the death-rate among persons suffering from leprosy " and persons who have recovered from leprosy throughout the colony " from year to year from 1924 to 1936.

Table I.

Year.	Percentage Death-rate among Patients and ex-Patients.	Percentage Death-rate among whole Population.
1924	13.00	2.56
1925	10.00	2.42
1926	8.78	2.55
1927	5.78	2.60
1928	6.14	2.79
1929	5.18	2.35
1930	3.94	2.50
1931	4.85	2.18
1932	2.70	2.11
1933	2.82	2.44
1934	2.51	2.47
1935	2.71	2.06
1936	2.24	2.04

"*Prophylaxis*—One lantern lecture was given to a lay audience and "one paper was read before the British Guiana Branch of the British "Medical Association.

"102 visits were paid to out-patients' clinics in Georgetown, 12 to "New Amsterdam, 12 to the Corentyne Coast, 3 to the West Bank, "Demerara, and West Coast, Demerara, and 12 to the Essequebo, including Wakenaam, Suddie, and Charity on the Pomeroon River.

"The following were the numbers of patients seen and attendances "made :—

Clinic.	Number of Sittings.	Number of Patients.	Number of Attendances of Patients.
1. Georgetown	102	184	1,176
2. Mahaica	52	84	455
3. New Amsterdam	12	104	287
4. No. 63, Corentyne Coast	12	100	379
5. Essequibo —(Including Wakenaam, Leguan, Suddie and Charity), West Coast and West Bank, Demerara	12	44	166
Total	190	516	2,463

"Table II shows the number of new admissions to the Leprosy "Hospital in ten-yearly periods from 1858 to 1936.

Table II.

Years.	Number of admissions of new cases of leprosy.
1858—1867	172
1868—1877	598
1878—1887	578
1888—1897	871
1898—1907	850
1908—1917	837
1918—1927	612
1928—1936 (9 years)	527

"*British Empire Leprosy Relief Association.*—A revised scheme for "the Lady Denham Home was prepared, submitted to Government and "approved, and $2,000 per annum was voted for its maintenance by the "Legislative Council.

"The Entertainment Committee provided as usual for the cinema "programmes and the purchase of cricket, football and tennis gears "dominoes, gramaphone needles, playing cards, etc., for the use of the "patients.

"The following articles were contributed to the Medical Press :—

(*a*) A New Hydnocarpus Preparation. (International Leprosy Journal, 1936).

(*b*) The Results of Treatment of Cases of Incipient Leprosy in British Guiana. (Indian Medical Journal, 1936).

(*c*) Leprosy : An Experiment in Prophylaxis. (Paper read before the British Guiana Branch, British Medical Association, 1936).

(*d*) Leprosy Prophylaxis in British Guiana. (Report to the Medical and Sanitary Committee of the Colonial Office).

" *Financial.*—The following is the total expenditure on the Leprosy Hospital during the past 6 years :—

" Year.	Gross Expenditure.	Revenue.	Nett cost of upkeep.
1931	$ 32,319 04	$ 1,182 95	$ 31,136 09
1932	36,385 49	974 41	35,411 08
1933	37,048 55	503 53	36,545 02
1934	42,285 19	516 11	41,769 08
1935	41,027 15	468 49	40,558 66
1936	45,799 70	459 52	45,340 18

"The following is the estimated value of the work done by the " artisans during the year :—

	Attendants.	Patients.	Total.
" Carpenters ...	$ 134 28	$ 93 12	$ 227 40
Tailors ...	117 84	366 36	484 20
Shoemakers ...	131 48	293 89	425 37
Seamstresses ...	6 40	88 52	94 92
Total ...	$ 390 00	$ 841 89	$ 1,231 89

" 15,409 pieces were washed in the laundry.

113. The statistical returns of the Leprosy Hospital for the year are as follows :

(1) TABLE SHOWING NUMBER OF PATIENTS TREATED AND PERCENTAGE MORTALITY, 1936.

	M.	F.	T.
Number of patients on 31st December, 1935 ...	203	134	337
New admissions, 1936	35	22	57
Re-admitted once in 1936...	53	27	80
Re-admitted twice in 1936	3	5	8
Re-admitted thrice in 1936	2	...	2
Total number treated in Leprosy Hospital, 1936 ...	299	193	492
Died in Leprosy Hospital, 1936	9	5	14
Daily average number treated	216.1	134.6	350.7
Death rate	3.01	2.6	2.8
Highest number of patients, 1936	237	143	380
Lowest number of patients, 1936	199	130	329

(2)—TABLE SHOWING NUMBER OF ADMISSIONS, DISCHARGES, DEATHS, ETC., CLASSIFIED ACCORDING TO RACE AND SEX.

	EUROPEANS.				EAST INDIANS.				Chinese.		Aboriginal Indians.		Black.		Mixed Races.		Total.		Grand Total.
	Other than Portuguese.		Portuguese.		East Indian Immigrants.		B. G. East Indians.												
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Remaining on 31st December, 1935 ...	1	...	10	5	33	16	32	9	5	2	...	...	90	75	32	27	203	131	337
New admissions in 1936 ...	...	1	...	...	6	6	9	4	1	...	...	...	18	13	4	3	35	22	57
Re-admitted once in 1936 ...	...	...	1	...	17	4	13	12	...	...	...	...	22	10	...	1	53	27	80
Re-admitted twice in 1936 ...	...	...	...	...	3	...	...	5	...	...	...	...	...	...	...	...	3	5	8
Re-admitted thrice in 1936 ...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	...	2
	1	1	11	5	59	26	56	30	6	2	...	...	130	98	36	31	299	193	492
Absconded during 1936 ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
New discharges in 1936 ...	...	...	1	...	1	4	5	5	1	...	...	...	4	6	2	3	14	18	32
Re-discharged once in 1936 ...	...	...	1	...	13	4	9	6	...	...	...	...	12	12	2	...	37	22	59
Re-discharged twice in 1936 ...	...	...	...	...	2	1	4	5	...	...	...	...	...	...	...	...	6	6	12
Re-discharged thrice in 1936 ...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1
Deaths during 1936 ...	...	...	...	...	3	1	2	1	1	...	...	...	3	2	...	1	9	5	14
Total remaining on 31st December, 1936 ...	1	1	9	5	40	16	36	12	4	2	...	...	111	78	32	27	233	141	374

(3) TABLE SHOWING CLASSIFICATION OF PATIENTS ACCORDING TO DISTRICT, FORM OF LEPROSY AND OCCUPATION.

County of Demerara.	M.	F.	T.	County of Berbice.	M.	F.	T.	County of Essequebo.	M.	F.	T.	Form of Leprosy.	M.	F.	T.
Georgetown ...	79	47	126	New Amsterdam ...	5	4	9	North Essequebo ...	3	1	4	Cutaneous ...	88	61	149
East Coast, Demerara.	34	26	60	East Coast, Berbice ...	26	9	35	South Essequebo ...	4	3	7	Neural ...	124	70	194
West Coast, Demerara	16	10	26	West Coast, Berbice ...	5	7	12	Pomeroon ..	12	3	15	Mixed ...	20	9	29
East Bank, Demerara..	10	10	20	East Bank, Berbice ...	10	7	17					Non Leper ...	1	1	2
West Bank, Demerara.	11	2	13	West Bank, Berbice ...	3	3	6								
Demerara River ...	5	3	8	Canje ...	6	6	12								
				Berbice River ...	4	...	4								
Total ...	155	98	253		59	36	95		19	7	26		233	141	374

Occupation.	M.	F.	T.
Labourers	129	32	161
Scholars	44	26	70
Clerk	1	...	1
Bookbinders	2	...	2
Salesman	1	...	1
Shoemakers	2	...	2
Unemployed	25	35	60
Cartman	1	...	1
Chauffeur	2	...	2
Cooks	1	1	2
Teachers	3	...	3
Seaman	1	...	1
Boiler Maker	1	...	1
Porters	2	...	2
Farmers	4	1	5
Printer	1	...	1
Milk vendor	1	...	1
Electrican	1	...	1
Tailors	3	...	3
Woodcutter	1	...	1
Vagrant	1	1	2
Dispenser	1	...	1
Baker	1	...	1
Estate Driver	1	...	1
Carpenters	3	...	3
Domestic Servants	...	21	21
Seamstresses	...	8	8
Housewives...	...	14	14
Washer	...	1	1
Basket Maker	...	1	1
Total	233	141	374

(4) TABLE SHOWING CLASSIFICATION OF PATIENTS ACCORDING TO AGE, RACE, AND SEX.

	EUROPEANS.				EAST INDIANS.				Chinese.		Aboriginal Indians.		Black.		Mixed Races.		Total.		Grand Total.
	Other than Portuguese.		Portuguese.		East Indian Immigrants.		B.G. East Indians.												
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1 to 5 years	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1
6 to 10 ,, ...	...	...	...	...	...	...	3	...	1	...	...	...	4	2	...	...	8	2	10
11 to 20 ,, ...	1	...	2	3	...	...	6	5	...	1	...	...	26	14	5	8	40	31	71
21 to 30 ,, ...	...	...	2	...	...	...	10	3	1	...	...	...	32	14	17	9	62	26	88
31 to 40 ,, ...	...	1	3	...	...	...	11	3	2	...	...	...	18	18	7	3	41	25	66
41 to 50 ,, ...	...	...	1	...	18	8	5	1	...	...	...	...	12	6	1	4	37	19	56
51 to 60 ,, ...	...	...	1	2	16	6	1	...	...	...	...	...	13	14	1	2	32	24	56
61 to 70 ,, ...	...	...	...	...	6	2	...	...	...	1	...	...	2	7	1	...	9	10	19
71 to 80 ,, ..	...	...	...	...	1	...	...	...	...	...	...	...	3	2	...	1	4	3	7
Total ...	1	1	9	5	41	16	36	12	4	2	...	...	110	78	32	27	233	141	374

D.—Helminthic Diseases.

ANKYLOSTOMIASIS.

114. 118 cases were treated in public hospitals with 3 deaths compared with 91 cases and 7 deaths in 1935. 103 cases were treated in out-patient departments as against 50 in 1935. The deaths registered as due to the same disease throughout the colony were 4 compared with 9 in 1935.

115. Formerly mass treatments used occasionally to be undertaken particularly in the more remote districts of the colony where the disease was very prevalent; but it has not been thought desirable to continue these until provision can be made for supervising and enforcing the construction of latrines and training the inhabitants to use them, instead of resorting indiscriminately to the bush, which practice at present largely obtains and which permits of early re-infestation.

E.—Quarantinable Diseases.

116. There were no cases of plague, cholera, yellow fever, small-pox or typhus during the year.

III.—VITAL STATISTICS.

117. The population on the 31st December, 1936, as estimated by the Registrar General was 332,898 (166,295 males and 166,603 females).

118. There were 11,736 births and 6,800 deaths. The natural increase of population was therefore 4,936.

119. The number of emigrants (8,477) exceeded the number of immigrants (8,220) by 257.

120. The actual increase in the population for the year was 4,679 as against 5,048 persons for 1935.

121. The following table which is derived from the report of the Registrar-General shows the population, the number of births and deaths, the birth-rate and death-rate per 1,000 of the estimated population, the deaths of children under one year of age, the infantile death-rate per 1,000 births, and the number of still-births from 1927 to 1936:—

(1) Year.	(2) Population.	(3) Births.	(4) Deaths.	(5) Birth rate.	(6) Death rate.	(7) Deaths of Children under 1 year.	(8) Infantile Death rate per 1,000 Births.	(9) Still-births.
1927 ...	308,473	10,041	8,024	32·6	26·0	1,589	158	777
1928 ...	307,784	8,702	8,575	28·3	27·9	1,607	185	731
1929 ...	309,676	9,824	7,281	31·7	23·5	1,434	146	703
1930 ...	312,489	10,438	7,174	33·4	23·0	1.529	146	697
1931 ...	313,619	9,853	6,848	31·4	21·8	1,373	139	621
1932 ...	317,813	10,825	6,694	34·1	21·1	1,503	139	651
1933 ...	321,260	10,461	7,848	32·6	24·4	1,613	154	627
1934 ...	323,171	9,301	7,980	28·8	24·7	1,567	168	578
1935 ...	328,219	11,262	6,762	34·3	20·6	1,372	122	658
1936 ...	332,898	11,736	6,800	35·3	20·4	1,414	120	645

122. *Births.*—11,736 births (6,028 males and 5,708 females) were registered. This is the highest number recorded for the colony and is equivalent to a birth-rate of 35.3 per 1,000 of the population.

123. The number of still-births recorded was 645, which was in proportion of 5.5 to every 100 children born alive. The average for the ten years, 1926 to 1935, was 677.9, being 6.6 per cent. of the average number of registered live births for the same period.

124. *Deaths.*—6,800 deaths (3,583 males and 3,217 females) were registered giving a general death-rate of 20.4 per 1,000 of the population, the lowest yet recorded for British Guiana. The average death-rate for the last five years was 22.2 while that for the previous quinquennial period was 24.4 per 1,000.

125. The statement below is a return of deaths occurring in the whole colony during each quarter of the year for the last five years:—

	1932.	1933.	1934.	1935.	1936.
1st Quarter ...	1,596	2,420	2,891	1,821	1,772
2nd Quarter ...	1,432	1,625	1,894	1,676	1,557
3rd Quarter ...	1,665	1,752	1.494	1,665	1,723
4th Quarter ...	2,001	2,051	1,701	1,600	1,748

126. *Infantile Mortality.*—The number of deaths under one year of age was 1,414 which equalled a rate of 120 per 1,000 registered births—distinctly the lowest figure recorded for the colony. The previous lowest record was in 1935 when it stood at 122.

127. The number of deaths in the principal groups during 1934, 1935 and 1936 was as follows:—

	1934.	1935.	1936.
Congenital debility, etc. ...	461	385	422
Fever (Malaria and unqualified) ...	278	...	...
Malaria	...	138	199
Undefined Fever	...	282	96
Premature Birth, etc.	255	222	209
Pneumonia and Bronchitis ...	147	182	153
Bowel complaints (including Dysentery, Diarrhoea and Enteritis) ...	236	151	164

128. *Maternal Mortality.*—The statistics (per 1,000 live births) for the years 1934, 1935 and 1936 were as follows:—

	1934.	1935.	1936.
The whole colony	13.1	11.0	13.6
Public Hospitals	35.9	42.6	54.2
Infant Welfare and Maternity League ...	7.0	7.1	4.5
Sugar estates	15.9	8.1	12.8

129. The following return is taken from the Registrar General's detailed return of causes of deaths for the years 1934, 1935 and 1936:—

The Puerperal State—

Causes of Deaths.		Deaths.	
	1934.	1935.	1936.
Accidents of pregnancy ...	19	22	9
Other accidents of labour ...	8	13	17
Puerperal hæmorrhage ...	14	10	40
Puerperal sepsis	18	25	27
Puerperal albuminuria and convulsions ...	21	21	39
Puerperal phlegmasia alba dolens, embolism and sudden deaths ...	3	5	2
Other causes	39	28	26
Total ...	122	124	160

130. 594 cases of diseases of puerperal state were treated in public hospitals with 61 deaths. In 1935 there were 552 cases and 51 deaths.

131. The number of normal confinements managed in public hospitals was 1,279 including 34 remaining from the previous year.

City of Georgetown.

132. Below is given a table derived from the Registrar General's report showing in parallel columns separate statistics for the Municipal area and for the Georgetown Registration District which includes certain districts outside the municipal boundaries:—

	City of Georgetown.	
	Municipal Area	Registration Area. *
Estimated Population	63,826	66,601
No. of Births	1,749	2,018
Birth-rate	27.4	30.3
No. of Deaths	1,144	1,232
Death-rate per thousand	17.9	18.5
Infantile Mortality per thousand	106	110
Deaths from typhoid and para-typhoid fevers	40†	39†
Deaths from malaria	55	55
Deaths from undefined fever	...	8

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*The deaths of persons in the Hospitals and other Public Institutions in Georgetown have in each case been returned as occurring in the district from which the patients came.

† This difference was occasioned by the Municipal authorities classifying a death from "Diabetes and Enteric Fever" from the latter cause, whilst the Registrar General registered the death as from Diabetes.

Town of New Amsterdam.

133. The estimated population was 9,514. The number of births registered was 313, *i.e.*, a birth-rate of 32.9 per thousand compared with 345 or a rate of 36.8 per thousand in 1935.

134. There were 170 deaths, *i.e.*, a death-rate of 17.9 per thousand compared with 188 deaths or rate of 20.0 per thousand in 1935.

135. The infant mortality was 112 per thousand compared with 122 per thousand in 1935.

136. Malaria fever was the cause of 18 deaths compared with 11 in 1935. Undefined fever was the cause of 2 deaths.

137. There was one death from typhoid and para-typhoid fevers compared with 7 in 1935.

138. The following tables give the vital statistics for each registration district in the colony for the year 1936 and return of vital statistics for Georgetown and New Amsterdam for the years 1936, 1935 and 1934:—

RETURN OF VITAL STATISTICS FOR EACH REGISTRATION DISTRICT IN THE COLONY FOR THE YEARS 1936, 1935, 1934.

NOTE.—The deaths of persons in the Hospitals and other Public Institutions have in each case been returned as occurring in the district from which the patients came.

District.	Estimated Population.	Births.	Deaths.	Annual rate per 1,000 living.		No. of deaths due to								Still-Births.	No. of deaths of children under one year of age.	Deaths of children under one year of age to 1,000 registered births.
				Births.	Deaths.	Typhoid and Paratyphoid Fevers.	Intestinal Disorders over one year.	All Renal Diseases.	All Respiratory Diseases.	Malarial Fever.	Undefined Fevers.	Phthisis and other forms of Tuberculosis.	Intestinal Disorders under one year.			
Skeldon ...	15,467	695	224	44·9	14·5	2	5	9	25	23	6	7	6	27	66	95
Port Mourant ...	25,438	1,214	445	47·7	17·5	9	20	42	80	42	1	9	19	47	102	84
Lower Canje ...	10,923	350	219	32·0	20·0	5	17	21	33	16	14	2	18	18	45	129
Upper Canje ...	696	20	20	28·7	28·7	...	2	1	4	...	2	...	...	...	5	250
New Amsterdam ...	9,514	313	170	32·9	17·9	1	5	15	14	18	2	6	9	43	35	112
Highbury ...	2,661	89	93	33·4	34·9	2	3	13	15	6	3	4	...	8	16	180
Mara and Upper Berbice River ...	2,741	80	62	29·2	22·6	...	4	3	2	6	11	2	...	5	9	112
Cotton Tree ...	13,925	499	197	35·8	14·1	3	15	12	22	12	4	1	12	27	49	98
Mahaicony ...	11,581	366	176	31·6	15·2	1	7	4	25	35	7	4	1	15	32	87
Mahaica ...	13,326	506	275	38·0	20·6	2	13	18	36	36	8	8	13	32	62	123
Buxton ...	21,993	869	478	39·5	21·7	7	15	52	78	57	12	15	9	53	97	112
Plaisance ...	23,569	867	555	36·8	23·5	23	28	43	75	74	2	29	11	36	113	130
Georgetown ...	66,601	2,018	1,232	30·3	18·5	39	33	118	135	55	8	79	13	159	222	110
Peter's Hall ...	19,520	686	475	35·1	24·3	7	24	53	77	69	11	18	10	34	107	156
Demerara River ...	8,239	231	151	28·0	18·3	3	11	15	17	7	25	6	1	6	33	143
Belle Vue ...	14,204	530	372	37·3	26·2	3	15	37	30	48	24	24	6	25	68	128
Leonora ...	13,341	514	320	38.5	24·0	1	14	27	38	55	4	8	18	14	96	187
Philadelphia-Leguan	14,410	480	362	33·3	25·1	...	12	24	61	68	14	6	4	36	71	148
Up. Essequebo River	1,046	4	30	3·8	28·7	...	2	1	5	3	2	1	...	1	3	750
Bartica ...	4,815	129	92	26·8	19·1	1	3	4	11	25	3	3	...	2	9	70
Up. Mazaruni River..	2,205	18	37	8·2	16·8	...	2	3	3	...	6	...	...	1	2	111
Wakenaam ...	4,022	152	103	37·8	25·6	...	5	16	13	7	4	1	3	10	23	151
Suddie ...	8,108	308	221	38·0	27·3	2	13	30	23	35	10	10	4	22	49	159
Anna Regina ...	11,232	327	194	29·1	17·3	4	10	19	34	17	12	5	6	16	33	101
Pomeroon ...	5,857	239	116	40·8	19·8	...	3	4	4	4	47	3	1	5	30	126
North West ...	7,464	232	181	31·1	24·2	...	11	5	17	36	35	10	...	3	37	159
Males ...	166,295	6,028	3,583	36·2	21·5	59	163	279	579	338	146	157	90	372	767	127
Females ...	166,603	5,708	3,217	34·3	19·3	56	129	310	298	416	131	104	74	273	647	113
Persons ...	332,898	11,736	6,800	35·3	20·4	115	292	589	877	754	277	261	164	645	1.414	120
For Year 1935 ...	328,219	11,262	6,762	34·3	20·6	69	266	550	1010	694	260	274	151	658	1,372	122
For Year 1934 ...	323,171	9,301	7,980	28·8	24.7	85	678	585	1004	1203		253	236	578	1,567	168

RETURN OF VITAL STATISTICS FOR GEORGETOWN AND NEW AMSTERDAM FOR THE YEARS, 1936, 1935, 1934.

NOTE.—The deaths of persons in the Hospitals and other Public Institutions have in each case been returned as occurring in the District from which the patients came.

District.	Estimated Population.	Births.	Deaths.	Annual rate per 1,000 living.		No. of deaths due to								Still-Births.	No. of deaths of children under 1 year of age.	Deaths of children under one year of age to 1,000 registered births.
				Births.	Deaths.	Typhoid and Paratyphoid Fevers.	Intestinal Disorders over 1 year.	All Renal Diseases.	All Respiratory Diseases.	Malarial Fever.	Undefined Fever.	Phthisis and other forms of Tuberculosis.	Intestinal Disorders under 1 year.			
Georgetown, 1936 ...	66,601	2,018	1,232	30·3	18·5	39	33	118	135	55	8	79	13	159	222	110
Georgetown, 1935 ...	65,938	2,041	1,297	31·0	19·7	6	48	110	144	89	11	86	15	159	209	102
Georgetown, 1934 ...	64,931	1,902	1,461	29·3	22·5	14	107	98	154	108		92	31	127	275	145
New Amsterdam, 1936	9,514	313	170	32·9	17·9	1	5	15	14	18	2	6	9	43	35	112
New Amsterdam, 1935	9,379	345	188	36·8	20·0	7	6	10	23	11	3	10	2	46	42	122
New Amsterdam, 1934	9,206	282	213	30·6	23·1	4	16	15	19	13		8	6	40	46	163

COMMENTS ON THE VITAL STATISTICS.

139. For the second year in succession the number of females has exceeded the number of males, there being 166,603 of the former to 166,295 of the latter, representing a proportion of 998 males to 1,000 females. This position was reached for the first time in the history of the Colony in 1911, and as stated in the Report for 1935, in course of time the position will probably become similar to that obtaining in countries uninfluenced by immigration.

140. The total estimated population of 332,898 was greater by 4,679 persons than at December 31st, 1935. As, however, the number of emigrants (8,477) exceeded the number of immigrants (8,220) by 257, the natural increase in the population was 4,936 as against 4,500 in 1935.

141. The figures and rates for births and deaths continue to be favourable, there being 11,736 births with 6,800 deaths, as against 11,262 and 6,762 respectively for the previous year, the birth and death rates being 35.3 and 20.4 per thousand of the population respectively, as against 34.3 and 20.6 for the year 1935.

142. It is interesting to compare the present state of the health of the colony with that for earlier years. The following table shows the total excess of births over deaths, or, *vice versa*, for each decade since records were first kept in 1869 (the last period being for 8 years only) :—

Decade.	Excess births over deaths.	Excess deaths over births.
1869—1878	... 769	...
1879—1888	... 8,220	...
1889—1898	... ...	9,001
1899—1908	... 6,438	...
1909—1918	.. ...	468
1919—1928	... 8,652	...
1929—1936 (8 years)	... 26,313	...

143. During the whole period from 1869—1928, inclusive, (60 years) the births exceed the deaths by only 14,610 whereas in the succeeding eight years there were 26,313 more births than deaths. During that same 60 years the population rose from 206,118 to 307,784, an increase of 101,666 which represented excess immigration over emigration and was, of course largely due to the system of indentured labour. Indenture ceased in 1920, the last immigrant ship arriving in 1927. During the half century ending in 1918 throughout which period indentured immigration was continuous, births exceeded deaths by only 5,958. From 1919 to 1936 (18 years) excess births over deaths numbered 34,965. During the decade 1918—1927 there were only 935 more births than deaths (this was largely influenced by the pandemic of Influenza in 1918 and 1919 when the death rose to over 12,000 in each of those years). Nevertheless, in the succeeding nine years the excess of births over deaths has been 27,440.

144. The cessation of the indenture system has probably had two important effects upon the health of the population as a whole. Practically speaking, following the advent of the last immigrant ship, there has occurred a marked excess of births over deaths, this excess being somewhat reduced during epidemic years of malaria ; whereas throughout the period of introduction of immigrants since 1869 there has often occurred an appreciable excess of deaths over births. This would tend to suggest that there has been a lack of immunity amongst the new arrivals resulting in their succumbing more rapidly than those indigenous to the Colony or those immigrants who have come to acquire a degree of immunity from malaria chiefly, no doubt.

145. Secondly, with the cessation of the indenture system the introduction

of large numbers of men as against women, has ceased also, and in the ensuing years the numbers of females proportionately to males has increased, with a probable and consequential benefit to the colony's birth-rate. Thus for the 19 years prior to and inclusive of 1917, when the last immigrants arrived, the average birth-rate was in the neighbourhood of 30.5 per thousand ; whereas in the ensuing 19 years, up to 1936, it was 31.5 ; and in the last 10 of those years the average stands at 32.26 per 1,000 of the population.

146. The birth-rate of 35.3 per thousand continues to be well maintained, it being the highest recorded rate for the past 35 years and has only been exceeded on 9 occasions since 1869. The death-rate (20.4 per 1,000) is the lowest yet recorded, being .2 per 1,000 lower than the rate for 1935.

147. The infantile mortality rate (120 per 1,000 births) is also the lowest yet recorded, being 2 per 1,000 lower than the rate for the preceding year. The number of deaths of infants was, however, slightly higher than in 1935, it being 1,414 as against 1,372. The following table shews the infantile mortality rates for six quinquennia, and these are compared with that for the year under review :—

Period.	Infant Mortality Rate.
1906—1910 ...	...220
1911—1915 ...	...190
1916—1920 ...	...189
1921—1925 ...	...176
1926—1930 ...	...159
1931—1935 ...	...144
1936 ...	...120

148. The influence of malaria on this mortality rate is clearly evidenced in the graph and serves to emphasise the necessity for spending very much larger sums on preventive measures than are at present available.

149. The number of still-births being recorded year by year is slowly declining, the total figures for each of the past three decades being (1907–1916) 8,599, (1917-1926) 7,839, and (1927-1936) 6,688 respectively. Expressed as a rate per thousand of the population the figures for the respective decades stand at 2.81, 2.57 and 2.11. The number of still-births has not exceeded seven hundred in any one year since 1929.

IV.—HOSPITALS AND DISPENSARIES.

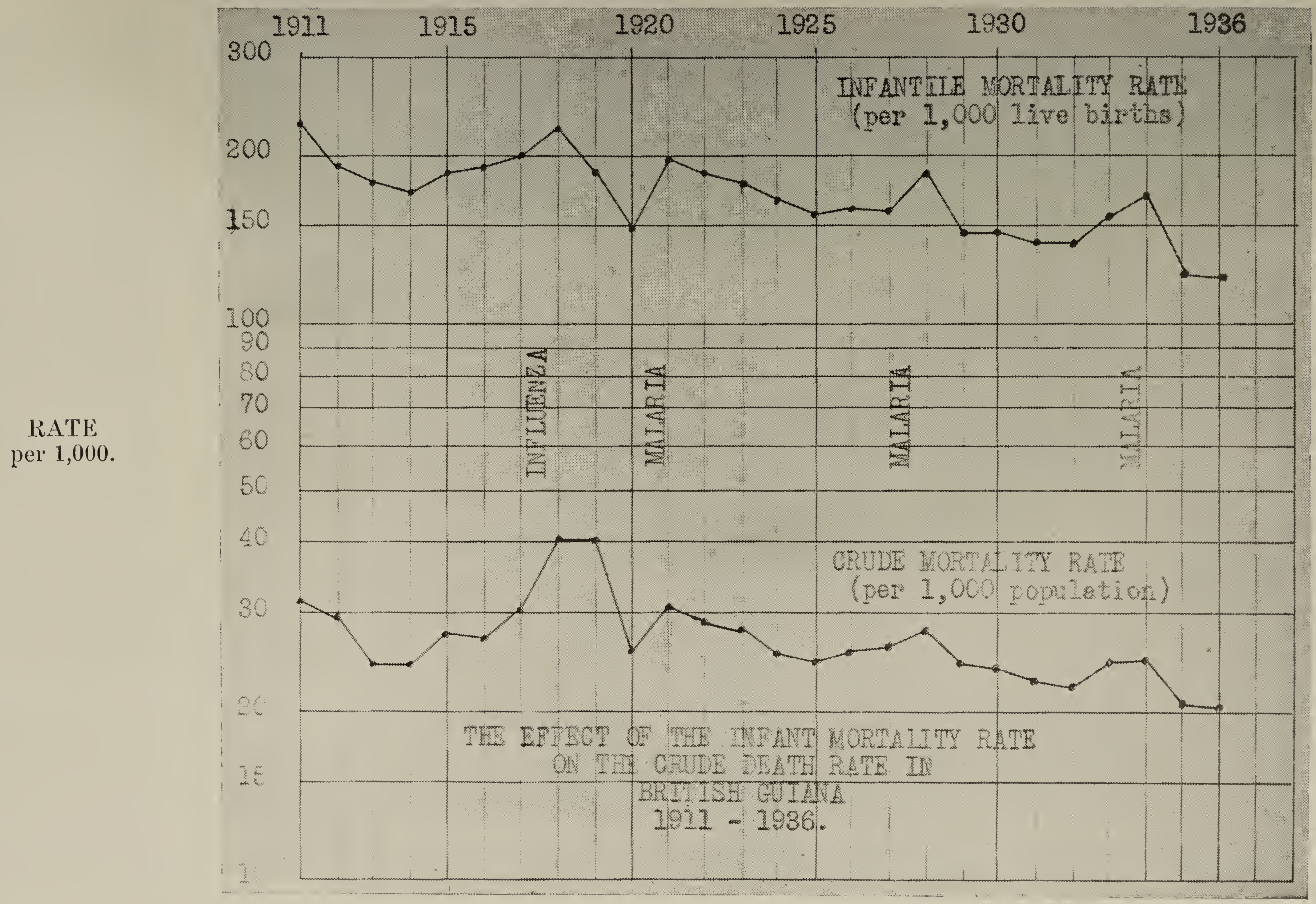
A. THE PUBLIC HOSPITALS.

150. The public hospitals in the colony (7) provide 938 beds. The nominal bed strength of estate hospitals was 1,540 while " Colonna House " (a private hospital in Georgetown) at present provides for about 50 cases.

151. The daily average number of patients in the Government hospitals (excluding Potaro and Kamakusa) was :—

	1934.	1935.	1936.
Public Hospital, Georgetown ...	593	572	587
Public Hospital, New Amsterdam...	146	150	136
Public Hospital, Suddie ...	72	79	64
Public Hospital, Bartica ...	17	17	22
Public Hospital, Mabaruma ...	22	24	18

152. Accommodation in the Public Hospital in Georgetown and (proportionately to a smaller extent) in Bartica has been heavily taxed during the year under review. Whilst provision for the extension of the Bartica hospital is under consideration, the



THE EFFECT OF THE INFANT MORTALITY RATE
ON THE CRUDE DEATH RATE IN
BRITISH GUIANA
1911 - 1936.

problem as regards accomodation in the Public Hospital in Georgetown presents a far greater difficulty for solution.

153. Relief to the extent of some forty patients will be obtained when the proposed tuberculosis hospital-sanatorium is built, but one of the chief reasons for the large number of 'floor beds' which so frequently have to be resorted to, is the insufficiency of accommodation at the Alms House, and in particular the infirmary therein, where many of the cases should properly be housed. This infirmary when fully occupied tends to dam back the normal flow of the infirmary type of case from the Public Hospital.

154. It is becoming increasingly apparent that extension of existing accommodation at the Alms House or, alternatively, the erection of a separate infirmary of sufficient size to accommodate some three hundred and fifty to four hundred patients will have to be considered. This would also have the effect of relieving congestion in certain of the Alms House wards other than those of the infirmary proper.

155. The present bed strength at the Public Hospital, Georgetown, is 622, including all wards of which some, necessarily, such as the infectious disease ward, will not always be fully occupied.

156. The total number of patients admitted to Government hospitals was 20,251 as compared with 19,791 in 1935, 19,143 in 1934 and 19,038 in 1933.

157. The table below shows the number of new admissions to hospital during the year and furnishes approximate figures of admissions of the same patients on one occasion or more occasions. The total thus furnishes in truer perspective the actual amount of sickness occurring in the colony and treated at the public hospitals :—

IN-PATIENTS.

Hospital.	Total admissions during year.	Persons admitted on one occasion (approx.)	Persons admitted on two occasions.	Persons admitted on more than two occasions (approx.)
Public Hospital, Georgetown ...	13,834	12,383	535	127
Public Hospital, New Amsterdam	2,823	2,664	63	11
Public Hospital, Suddie ...	2,302	2,242	21	6
Public Hospital, Bartica ...	761	736	8	3
Public Hospital, Mabaruma ...	459	419	14	4
Public Hospital, Kamakusa ...	35	35	...	...
Public Hospital, Potaro ...	37	33	2	...
Total	20,251	18,512	643	151

158. The number of patients who sought treatment at the out-patient departments of public hospitals is as follows :—

1932	...	...	53,245
1933	...	...	58,308
1934	...	...	61,640
1935	...	...	64,803
1936	...	...	54,439

This number includes re-attendances both for re-examination and for 'repeat' medicines. Two classes of patients are treated at the out-patient department—"poverty" patients, who are required to pay 24 cents (1/-), and "pauper" patients, who receive free treatment. It must always remain a difficult problem to 'assess' those who claim to be pauper patients but who yet may be in a position to pay. The regulations provide for the obtaining of pauper certificates from prescribed persons, but if it is later found by enquiry that a person who has been treated gratis was at the time in a position to pay, proceedings may be instituted with a view to recovery. An enquirer has been appointed for the purpose.

159. The principal diseases treated in Government hospitals were :—

Diseases.	Cases.	Deaths.
Malaria (including Blackwater Fever)	2,369	127
Dysentery	73	12
Enteric Fever	314	85
Bowel Diseases	211	45
Pneumonia (all forms)	250	128
Tuberculosis (all forms)	480	143
Bronchitis	590	66
Nephritis	462	113
Diseases of the Heart (all forms)	417	142
Venereal Diseases	1,329	61
The Puerperal State	1,873	61

160. Apart from minor repairs generally throughout the public hospitals, a water purification plant was installed to supply the northern compound of the Public Hospital, Georgetown. This has constituted a very great improvement over what formerly obtained. Lamaha (creek) water is brought *via* the Georgetown piped supply and first treated with alum and sodium aluminate to remove the peaty brown colour, and thereafter filtered under pressure and chlorinated. It is hoped that the extension of this supply of purified water to the southern compound may one day be found possible.

161. For some time past the beds in the Lady Thomson Ward have been empty for long periods; this has come about to some extent because of the establishment of a nursing home in the city. It was therefore decided to utilize the lower storey o this Ward by converting it into a new X-ray Department, which was badly needed. This has been completed and has proved a great boon. A covered overhead passage connects this ward with the new Seaman's block which markedly facilitates the transport of patients for X-ray work and Electrical Therapy. Further reference to this is made under the section devoted to this department.

162. At the hospital in New Amsterdam the storeroom was extended and a nurses' dining-room erected. It has not yet been found possible to provide a much-to-be-desired nurses' hostel.

163. Accommodation is still inadequate and plans are under consideration for extending the hospital by utilizing the wards at present allocated to cases of tuberculosis and housing these in a separate building. A new out-patient department is also required, in which provision will be made for venereal diseases and dental clinics, as well as for ophthalmic work.

164. At the Public Hospital, Suddie, a building containing two compartments for housing mental cases was erected. Here, the more urgent needs are better accommodation for paying patients and in respect of the out-patient department and pharmacy.

165. Consequent upon the formation and activities of a large gold-mining company, and generally because of extended operations throughout the industry as a result of the higher price paid for gold, the accommodation at the Public Hospital in Bartica, the base from which miners proceed to the auriferous areas, has been severely taxed. The question of extending the hospital, particularly by the addition of space for male patients, is under consideration, as also the provision of a nurses' hostel. As the nurses at present occupy a portion of the hospital itself, their transfer to a separate building would further ease the position.

166. The private hospital in Georgetown under the management of Dr. Craigen, Dr. Romiti and Dr. Coia continued to provide valuable medical and surgical assistance especially to those of the community requiring such treatment who are normally taken care of in nursing homes. The daily average number of beds

occupied was 43. The total number of admissions was 824, and 686 major surgical operations were performed from January to August when the resident surgeon went on leave.

167. The training of nurses was continued at the Government hospitals in Georgetown, New Amsterdam, and Suddie. The annual examination for the Government graduate nurses' certificate was held in June, 1936. The following were the results of the examinations :—

Training School.		First Professional Examination.	Final Examination.
Georgetown Hospital	...	24	8
New Amsterdam Hospital	...	...	2
Suddie Hospital	...	1	...

168. In addition 40 pupil midwives were presented for the midwifery examination and 22 passed.

169. Table 2 shows the accommodation, number of patients and deaths, average stay, percentage of mortality on number treated, and number of out-patients in each hospital.

170. Table 3 gives the classes of in-patients and out-patients treated and the number of prescriptions dispensed.

171. Table 4 gives in detail the diseases of out-patients and in-pateints treated.

172. Table 5 is a return of the surgical operations performed.

173. The number of in-patients treated was 21,026 as compared with 20,528 in 1935.

174. The cost per caput per diem of patients treated, exclusive of medical officer's salaries, was —

		1934. Cents.	1935. Cents.	1936. Cents.
Public Hospital, Georgetown	...	62.0	62.0	61.7
Public Hospital, New Amsterdam	...	70.5	83.6	72.2
Public Hospital, Suddie	...	72.5	65.3	85.6
Public Hospital, Bartica	...	74.2	80.1	75.6
Public Hospital, Mabaruma	...	79.7	74.3	94.2

OPHTHALMIC DEPARTMENT.

175. The staff consists of :—

Government Ophthalmologist.
One nurse in charge (whole time).
One assistant nurse and several part-time nurses.
One clerk.

176. The total number of cases treated during the year was 4,588 as against 4,699 for the previous year. The following table shows the distribution :—

Public Hospital.		In-Patients.						Out-Patients.					
		Paying.			Pauper.			Paying.			Pauper.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Georgetown ...	...	19	26	45	155	143	298	700	662	1,362	1,418	1,040	2,458
New Amsterdam	...	2	1	3	10	4	14	89	73	162	106	67	173
Suddie ...	...	...	...	...	2	...	2	17	15	32	24	15	39
Total ...	...	21	27	48	167	147	314	806	750	1,556	1,548	1,122	2,670

177. The following major and minor surgical operations were performed :—

		Public Hospital, Georgetown.	Public Hospital, New Amsterdam.	Public Hospital, Suddie.
Senile Cataract	...	132	...	...
After Cataract	...	9	...	...
Iridectomy	...	4	...	...
Evisceration	...	5	...	...
Capsulotomy	...	1	...	...
Pterygium	...	41	7	2
Glaucoma	...	11	...	...
Entropion	...	2	...	...
Rupture of Cornea	...	8	...	...
Dacryocystitis	...	2	...	...
Cyclodialysis	...	5	...	...
Phthisis Bulbi	...	2	2	...
Papilloma	...	1	...	...
Lacrimal Sac	...	...	2	...
Stricture of Nasal Duct	...	...	1	...
Tarsal Cyst	...	...	4	2
Enucleation	...	6	...	...
Total	...	229	16	4

178. In addition 137 minor operations were performed at the out-patient department of the Public Hospital, Georgetown.

179. The number of cases refracted and received prescriptions for glasses was 289.

180. Several cases were treated at the Leprosy Hospital.

181. 20 cases of trachoma, which is now a notifiable disease, were diagnosed and treated, as against 23 cases for the previous year.

182. The revenue derived from all sources was $1,274.61 as compared with $1,132.17 in 1935.

DENTAL DEPARTMENT, PUBLIC HOSPITAL, GEORGETOWN.

183. The staff consists of :—

Dental Surgeon (part-time).
Clerk.
Assitant nurse.

184. The clinic was opened to the public daily in the afternoon, except on Sundays and public holidays.

185. The number of out-patients was 6,859 as compared with 7,964 in 1935. 4,381 were pauper cases (1,681 males, 2,700 females) and 2,478 poverty cases (1,217 males and 1,261 females).

186. The revenue collected amounted to $360.24 compared with $416.28 for the previous year.

187. *Dental Treatment of School Children.*—A sum of $960 was voted on the 1936 Estimate for the dental treatment of children attending primary schools in Georgetown. The clinics were conducted by Dr. H. Whyte Cameron and Dr. J. L. S. Murray, Dental Surgeons. The schools assigned to Dr. Cameron were St. Mary's (Roman Catholic), Lodge (Anglican) and St. Stephen's (Scotch), while Dr. Murray was given charge of Christ Church (Anglican).

188. In Georgetown the two dental surgeons held clinics every school day throughout the year. 1,076 children (600 boys and 476 girls) from 12 schools received treatment at these clinics.

189. Treatment was either complete, or that which was given in cases of emergency. The former category in addition to extractions, prophylactic treatment and various types of fillings, included dental abscess and root-canal treatment.

Each dental surgeon devoted his attention to one school at a time and on its completion proceeded to another school. 583 children (332 boys and 251 girls) from four schools received complete treatment. The schools were Christ Church Anglican, St. Mary's Roman Catholic, Lodge Anglican, and St. Stephen's Scots.

190. Emergency treatment consisted mainly of extractions. The arrangement is that the head master/mistress of any school may send cases to either dental surgeon during clinic hours. 493 children (268 boys and 225 girls) were treated from the following schools:—Charlestown Roman Catholic, Main Street Roman Catholic (boys), Bourda Roman Catholic, Smith's Congregational, St. Philip's Anglican, Werk-en-Rust Wesleyan, St. Andrew's Scots, and Freeburg Anglican.

191. The work done was as follows:—

By Dr. Cameron—	
Prophylactic treatment	173
Extractions	336
Amalgam fillings	138
Procelain fillings	15
Abscess attendance	13
Gutta Percha fillings	4
Root canal treatment and temporary fillings	14
Pulp capping	1
Root canal filling	1
By Dr. Murray—	
Prophylactic treatment	240
Extractions	471
Amalgam fillings	133
Cement fillings	32
Gutta Percha filling	1

192. The children attended to were accompanied by a teacher or a monitor. The treatment was well received on the whole by the children, and the dental surgeons were afforded the whole-hearted co-operation of the headmasters and the parents.

Public Hospital, New Amsterdam.

193. The clinic was inaugurated at this hospital on 1st July, 1936, with Dr. L. S. Meikle, dental surgeon, as part-time dental surgeon, assisted by a junior nurse.

194. The clinic was held thrice weekly.

195. The number of patients treated was 694 (311 males, 383 females).

196. The revenue collected amounted to $76.08.

197. A sum of $480 was voted on the 1936 Estimate for dental treatment of children attending primary schools in New Amsterdam and arrangements are being made for starting the clinic at an early date.

X-RAY AND ELECTRICAL DEPARTMENT.

198. *Public Hospital, Georgetown.*—Early in June the Public Works Department commenced work on the conversion of the first floor of the Lady Thomson Ward into a new X-Ray Department. After the alterations to the building had been completed, the staff started to transfer the equipment from the old building. This was carried out stage by stage so as to interfere with the normal work of the department as little as possible. This occupied a considerable time, as in the first place over two thousand feet of electric cables had to be laid. New apparatus was imported for the radiographic room and this was installed first. Radiographic work was started in the new department on 23rd November, but screening and X-Ray treatment were continued in the old building until the end of the year.

199. the staff of the department consists of:—

Government Radiographer.
Assistant Government Radiographer.
Two nurses.

200. Mr. Weston left the colony on 3rd May, 1936.

201. Mr. Connett the newly appointed assistant Radiographer arrived in the colony on 5th October and commenced duty the same day.

202. A temporary assistant was also engaged from 1st June to 31st December 1936, to assist with the transfer of the equipment to the new department.

203. The work of the department still continues to increase. The Tuberculosis Society continued to make use of the department and a period of one hour has been reserved on Friday afternoons for dealing with cases sent from its dispensaries.

204. The total number of examinations made was 3,518, an increase of 176 on the total for 1935. 231 cases were sent by private practitioners and district Government medical officers, 870 from the tuberculosis clinics, 38 from the King George V. Municipal Welfare Centre and 2,379 from the Public Hospital, Georgetown. The examinations are classified hereunder:—

Alimentary Tract (Barium Meals, etc.) ...	640 (205 cases).
Barium Enemas	44
Chests	1,334
Urinary Tracts	33
Gall Bladders	170
Teeth	16
Miscellaneous (Fractures, etc.)	1,281
Total	3,518

205. The number of radiographic examinations was 1,569 as against 1,373 in 1935.

206. *X-Ray Treatment.*—There was again an increase in the number of cases attending for X-Ray treatment. 48 cases were treated and 246 exposures made against 43 cases and 208 exposures in 1935. 20 were sent by private practitioners and Government medical officers in districts, and 28 were from the Public Hospital, Georgetown. The nature of the cases was as follows:—

Keloids	3
Rodent Ulcers	9
Enlarged Spleen	1
Myeloma	1
Bursitis	1
Carcinoma	4
Cancer of breast	4
Ringworm	3
Pruritus Vulvæ	1
Tumours	3
Myelogenous Leukaemia	1
Warts	1
Dermatitis	9
Fungroid Growths	3
Eczema	1
Enlarged glands	3
	48

207. *Electrical Treatment*.—There was a decrease in the number of treatments

given but there was an increase in the number of cases treated. 233 patients received 6,023 treatments.

208. The revenue collected during the year was $1,377.46 as against $1,206.41 in 1935.

PUBLIC HOSPITAL, NEW AMSTERDAM.

209. The nature of radiographic examinations was as follows :—

Chests	...	...	15
Dental Films	...	...	1
Miscellaneous	...	...	211
			227

210. No cases were treated by X-Rays.

211. The revenue collected was $34.50 as against $58.50 for 1935.

TABLE 2.

PUBLIC HOSPITALS.

	Georgetown.			New Amsterdam.			Suddie.			Bartica.			Mabaruma.			Kamakusa.			Potaro.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Accommodation	345	277	622	92	69	161	45	47	92	10	9	19	15	15	30	8	...	8	6	...	6
Patients remaining in Hospital—1st January, 1936	310	211	521	94	45	139	41	39	80	12	3	15	13	7	20	...	...	...	...	...	...
Patients admitted during the year ...	7,637	6,197	13,834	1,628	1,195	2,823	1,232	1,070	2,302	520	241	761	243	216	459	35	...	35	37	...	37
Total	7,947	6,408	14,355	1,722	1,240	2,962	1,273	1,109	2,382	532	244	776	256	223	479	35	...	35	37	...	37
Patients discharged—cured	1,413	1.559	2,972	317	341	658	336	478	814	278	131	409	18	12	30	4	...	4	2	...	2
,, ,, relieved ...	4,749	3,082	7,831	990	568	1,558	731	412	1,143	198	72	270	175	156	331	26	...	26	30	...	30
,, ,, not relieved ...	686	880	1,566	125	123	248	36	24	60	15	8	23	14	5	19	2	...	2	2	...	2
,, ,, not sick ...	125	112	237	35	57	92	31	96	127	6	13	19	10	15	25	...	...	...	...	...	...
,, died ...	641	528	1,169	173	102	275	112	76	188	25	12	37	29	22	51	1	...	1	3	...	3
Patients remaining in Hospital—31st December, 1936	333	247	580	82	49	131	27	23	50	10	8	18	10	13	23	2	...	2	...	...	...
Total Patients treated ...	7,947	6,408	14,355	1,722	1,240	2,962	1,273	1,109	2,382	532	244	776	256	223	479	35	...	35	37	...	37
The daily average number in Hospital during 1936	334	253	587	83·5	52·2	135.7	34.9	28·7	63.6	15·0	6·5	21·5	8·9	9·4	18·3	0·7	...	0·7	0·5	...	0·5
Average stay in days of patients discharged during 1936	15	14	15	19·8	17·0	18·6	9·3	9·1	9·2	9·8	10·1	9·9	13.6	10·4	12·1	7·6	...	7·6	5·1	...	5·1
Average stay in days of patients remaining on 31st December, 1936 ...	62	36	51	31·9	25·4	29·5	16·0	23·6	19.8	35·6	8·9	23·7	31·3	16·0	21·7	3·5	...	3.5	...	...	...
Average stay in days of patients died	16·3	14·0	16·7	17·1	11·8	15·1	7.5	8·0	7·8	3·6	4·8	4·0	11·7	12·8	12·2	17·2	...	17·2	4·3	...	4·3
Percentage of Mortality on number treated	8·1	8·3	8·1	10·0	8·2	9·3	8·7	6·9	7·9	4·7	4·9	4·8	10.9	9.3	10·2	2·9	...	2·9	8·1	...	8·1
Number of Out-Patients (exclusive of attendances for repeat medicines) ...	15,249	14,027	29,276	4,040	5,486	9,526	2,893	3,144	6,037	2.377	2,057	4,434	1,625	1,527	3,152	959	121	1,070	695	249	944

TABLE 3.

IN-PATIENTS DEPARTMENT, PUBLIC HOSPITALS, FROM 1st JANUARY TO 31st DECEMBER, 1936.

Class of Patients Treated.	Georgetown.	New Amsterdam.	Suddie.	Bartica.	North West District.	Kamakusa.	Potaro.
Seamen	45	...	...	...	...	...	...
Pay Patients	2,078	391	111	198	48	8	31
Policemen	227	35	10	...	5	...	...
Race :							
Europeans (other than Portuguese)...	138	25	2	3	...	1	...
Europeans (Portuguese)	622	15	20	11	14	...	...
Mixed	1,329	207	156	222	165	6	10
Blacks	6,910	1,402	609	358	71	24	25
East Indians	4,627	1,289	1,522	94	67	4	...
Chinese	115	13	3	4	2	...	...
Aboriginal Indians	93	11	70	84	160	...	2
Total	13,834*	2,962	2,382	776	479	35	37

*Exclusive of 521 patients remaining in hospital on 31st December, 1935.

OUT-PATIENTS DEPARTMENT.—PUBLIC HOSPITALS.

	George-town.	New Amsterdam.	Suddie.	Bartica.	North West District.	Kama-kusa.	Potaro.
Number of Out-Patients attended to with Pauper Certificates	17,448	4,519	5,409	3,211	2,998	...	...
Number of Out-Patients attended to with Poverty Certificates	9,993	3,079	628	1,223	154	...	...
Number of Out-Patients and casualties without Certificates	1,895	1,928	...	...	...	1,070	...
Number of Out-Patients treated during the year (exclusive of repeats)	29,276	9,526	6,037	4,434	3,152	1,070	944
Number of Government Employees attended to as Out-Patients	2,096	269	40	84	38	113	19
Number of Prescriptions dispensed for In-Patients	105,203	21,794	2,493	1,200	2,503	53	37
Number of Prescriptions dispensed for Out-Patients	43,800	15,323	7,855	8,220	3,235	1,340	1,195

TABLE 4.

HOSPITALS—GEORGETOWN, NEW AMSTERDAM, SUDDIE, BARTICA, NORTH-WESTERN DISTRICT, KAMAKUSA AND POTARO.

Return of Diseases (Out-Patients) and of Diseases and Deaths (In-Patients) for the year 1936.

DISEASES.	P.H., Georgetown.				P.H., New Amsterdam				P.H., Suddie.				P.H., Bartica.				P.H., N.W.D.				P.H., Kamakusa.				P.H., Potaro.				Totals.			
	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients		In-Patients		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
I.—*Epidemic, Endemic, and Infectious Diseases.*																																
1. Enteric Group—																																
(a) Typhoid Fever ...	1	1	266	69	...	...	34	10	...	...	12	5	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	1	1	314	85
(b) Paratyphoid A ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Paratyphoid B ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(d) Paratyphoid C ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(e) Type not defined ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2. Typhus ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3. Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4. Undulant Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5. Malaria—																																
(a) Benign Tertian ...	303	176	254	7	...	22	40	...	...	...	...	...	...	...	...	...	3	1	15	...	...	...	...	...	...	...	...	...	306	199	309	7
(b) Quartan ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
(c) Sub-Tertian ...	8	4	45	2	...	...	17	8	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...	8	4	65	13
(d) Chronic Malaria ...	191	99	195	22	23	35	82	6	...	...	...	...	7	2	5	1	31	13	23	3	...	...	...	...	...	...	...	...	252	149	305	32
(e) Blackwater ...	...	...	10	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	2
(f) Unclassified ..	1,465	820	923	17	557	1,132	168	4	545	685	281	30	877	616	198	16	421	400	83	4	89	12	3	...	236	94	23	2	4,190	3,759	1,679	73
6. Small-Pox—																																
Alastrim ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7. Measles ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...
8. Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9. Whooping-Cough ...	4	4	4	...	...	...	1	...	...	...	...	...	8	12	4	...	...	...	...	...	...	...	...	...	...	...	...	...	12	16	9	...
10. Diphtheria ...	2	2	19	7	...	...	1	1	...	...	...	...	...	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	21	8
11. Influenza ...	7	9	15	...	8	...	6	...	64	68	...	...	...	...	...	...	2	2	...	...	18	4	...	...	...	...	...	...	99	83	21	...
12. Miliary Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13. Mumps ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14. Cholera ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15. Epidemic Diarrhœa ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16. Dysenteric Group—																																
(a) Amœbic ...	5	4	25	2	...	...	13	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	5	4	39	3
(b) Bacillary ...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
(c) Unclassified ...	26	10	16	1	3	6	5	2	4	2	6	3	1	...	3	...	1	...	2	2	18	1	1	...	1	...	...	...	54	19	33	8
17. Plague ...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18. Yellow Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
19. Spirochætosis ictero-hæmorrhagica ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...
20. Leprosy—																																
(a) Nodular ...	...	...	3	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	3	...
(b) Anaesthetic ...	...	...	15	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15	2
(c) Mixed ...	1	1	6	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	9	...
21. Erysipelas ...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
22. Acute Poliomyelitis ...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
23. Encephalitis Lethargica ...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...

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	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients		In-Patients		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
I.—*Epidemic, Endemic and Infectious Diseases—(Contd.)*																																
24. Epidemic Cerebro-Spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25. Other Epidemic Diseases—																																
(a) Rubeola (German Measles)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Varicella (Chicken Pox)	...	...	20	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	26	...
(c) Dengue	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(d) Epidemic Dropsy	...	...	...	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...
(e) Yaws	6	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	77	71	4	...	...	...	...	...	...	...	...	...	83	74	10	...
26. Glanders	...	...	...	...	...	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...
27. Anthrax	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28. Rabies	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
29. Tetanus	3	1	20	8	...	...	8	4	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	30	14
30. Mycosis	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
31. Tuberculosis—																																
Pulmonary and Laryngeal	89	38	384	103	1	1	51	18	12	5	4	3	2	...	4	1	...	...	5	3	...	...	...	...	...	...	...	...	104	44	448	128
32. Tuberculosis of the Meninges or Central Nervous System	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
33. Tuberculosis of the Intestines or Peritoneum	...	...	14	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	13
34. Tuberculosis of the Vertebral Column	...	...	10	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	2
35. Tuberculosis of Bones and Joints	...	...	4	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...
36. Tuberculosis of other Organs—																																
(a) Skin or Subcutaneous Tissue (Lupus)	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
(b) Bones	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Lymphatic System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(d) Genito-Urinary	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(e) Other Organs	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
37. Tuberculosis disseminated—																																
(a) Acute	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Chronic	...	..	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
38. Syphilis—																																
(a) Primary	109	17	55	...	26	7	2	...	1	...	6	1	8	...	2	...	1	...	...	...	22	...	1	...	...	...	...	...	167	24	66	1
(b) Secondary	19	9	14	...	12	1	1	...	1	1	2	1	2	1	...	...	...	3	...	...	...	...	...	...	...	...	...	...	34	15	17	1
(c) Tertiary	284	366	393	41	57	57	52	3	47	33	1	...	14	14	13	1	...	...	1	...	1	1	...	...	...	...	...	...	403	471	460	45
(d) Hereditary	30	35	30	2	7	6	12	3	...	...	1	...	2	1	1	...	...	1	2	...	...	...	...	...	...	...	...	...	39	43	46	5
(e) Period not indicated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
39. Soft Chancre	41	6	32	...	4	...	15	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	47	7	47	...

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	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
I.—*Epidemic, Endemic and Infectious Diseases—(Contd.)*																																
40. A. Gonorrhœa and its complications...	728	105	472	6	114	30	52	...	72	41	15	...	109	1	20	...	10	3	15	...	53	...	3	...	33	...	...	...	1,119	180	577	6
B. Gonorrhœal Ophthalmia ...	...	...	11	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	1
C. Gonorrhœal Arthritis ...	3	...	5	...	20	...	27	...	...	...	...	...	7	2	4	...	1	...	...	...	...	...	...	...	...	...	...	...	31	2	36	...
D. Granuloma Venereum ...	6	2	44	2	9	4	23	...	1	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	16	7	69	2
41. Septicæmia ...	...	..	8	6	...	...	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	12	10
42. Other Infectious Diseases—Trypanosomiasis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	3,334	1,712	3,328	316	841	1,301	624	64	756	838	339	45	1,037	649	258	20	547	494	156	15	201	18	8	...	270	94	23	2	6,986	5,106	4,736	462
II.—*General Diseases not mentioned above.*—																																
43. Cancer or other malignant Tumours of the Buccal Cavity ...	...	...	6	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	6	1
44. Cancer or other malignant Tumours of the Stomach or Liver ...	1	..	26	8	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	29	9
45. Cancer or other malignant Tumours of the Peritoneum, Intestines, Rectum...	...	...	12	2	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15	3
46. Cancer or other malignant Tumours of the Female Genital Organs ...	...	3	47	7	...	...	9	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	3	59	7
47. Cancer or other malignant Tumours of the Breast ...	...	...	14	2	...	...	3	...	..	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	18	2
48. Cancer or other malignant Tumours of the Skin ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
49. Cancer or other malignant Tumours of Organs not specified ...	12	9	28	14	...	...	4	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	12	9	33	15
50. Tumours non-malignant ...	2	14	50	1	...	...	10	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	. .	...	...	4	14	61	1
51. Acute Rheumatism ...	16	18	...	...	...	...	1	...	67	86	3	...	...	...	...	...	1	2	...	...	...	...	...	...	18	4	...	...	102	110	4	...
52. Chronic Rheumatism ...	4	12	1	...	27	45	1	...	13	16	4	...	31	30	2	...	7	2	1	...	5	...	2	...	5	2	...	...	92	116	11	...
53. Scurvy (including Barlow's Disease) ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
54. Pellagra ...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
55. Beri-Beri ...	...	...	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1
56. Rickets ...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...
57. Diabetes (not including Insipidus) ...	15	30	69	11	6	11	13	2	. .	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	21	42	83	13
58. Anæmia—																																
(a) Pernicious ...	1	3	5	1	...	...	3	1	...	...	1	1	...	...	1	...	...	...	..	...	...	...	...	...	...	...	...	...	1	3	10	3
(b) Other Anæmias and Chlorosis ...	59	115	53	16	49	100	25	5	...	...	16	3	8	11	4	...	15	32	13	2	3	1	2	...	...	...	...	...	134	259	113	26
59. Diseases of the Pituitary Body ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

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	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients		In-Patients		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
II.—*General Diseases not mentioned above—(Contd.)*																																
60. Diseases of the Thyroid Gland—																																
(a) Exophthalmic Goitre ...	...	3	3	1	...	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	4	1
(b) Other Diseases of the Thyroid Gland—Myxoedema ...	2	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	6	...
61. Diseases of the Para-Thyroid Glands ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
62. Diseases of the Thymus ...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
63. Diseases of the Supra-renal Glands ...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
64. Diseases of the Spleen ...	...	...	6	1	...	...	...	...	2	2	1	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	2	7	2
65. Leukaemia—																																
(a) Leukaemia ...	...	...	2	1	...	...	1	1	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1
(b) Hodgkin's Disease ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
66. Alcoholism ...	1	...	17	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	18	...
67. Chronic poisoning by mineral substances (lead, mercury, etc.) ...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
68. Chronic poisoning by organic substances (Morphia, Cocaine, etc.) ...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
69. Other General Diseases—																																
(a) Auto-intoxication ...	...	...	...	...	...	...	13	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	12
(b) Purpura Haemorrhagica ...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	3	2
(c) Haemophilia ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
(d) Diabetes Insipidus ...	..	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	..	...	...
Total ...	115	216	351	68	82	156	92	24	84	104	27	5	48	41	8	...	23	38	22	3	8	1	4	...	23	6	...	...	383	562	504	100
III.—*Affections of the Nervous System and Organs of the Senses.*																																
70. Encephalitis (not including Encephalitis Lethargica) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
71. Meningitis (not including 24 or 32) ...	...	...	8	7	...	...	...	...	. .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	7
72. Tabes Dorsalis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
73. Other affections of the Spinal Cord ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
74. Apoplexy—																																
(a) Haemorrhage ...	2	5	34	21	...	...	4	3	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	5	39	
(b) Embolism ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
(c) Thrombosis ...	...	...	2	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1
(d) Unclassified ...	...	..	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
75. Paralysis—																																
(a) Hemiplegia ...	50	44	95	3	4	10	4	1	...	...	...	...	...	...	4	...	1	...	...	...	1	...	...	...	...	...	...	...	56	54	103	4
(b) Other Paralyses ...	6	9	20	...	14	32	9	1	2	1	7	...	4	...	2	1	1	2	...	...	...	1	...	...	...	...	...	...	27	45	38	2

TABLE 4—(Continued).

HOSPITALS—GEORGETOWN, NEW AMSTERDAM, SUDDIE, BARTICA, NORTH-WESTERN DISTRICT, KAMAKUSA AND POTARO.

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	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients		Out-Patients		In-Patients		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
III.—*Affections of the Nervous System and Organs of the Senses.*—(Contd.)																																
76. General Paralysis of the Insane ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
77A. Mania and Melancholia ...	...	...	13	...	...	...	2	...	...	...	1	...	1	...	...	...	...	...	..	..	...	...	...	...	...	...	...	...	1	...	18	...
B. Delusional Insanity ...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
C. Other forms of Mental Alienation ...	17	38	184	...	...	...	26	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19	38	210	...
78. Epilepsy ...	18	28	42	1	8	1	10	...	4	11	4	...	4	...	1	...	2	...	...	...	1	...	...	...	...	...	...	...	37	40	57	1
79. Eclampsia, Convulsions (non-puerperal) 5 years or over ...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1
80. Infantile Convulsions (non-malarial) ...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
81. Chorea ...	2	1	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	2	...
82. A.—Hysteria ...	1	6	15	...	...	...	1	...	...	...	1	...	3	12	1	...	...	...	...	...	...	...	...	...	...	...	...	...	4	18	18	...
B.—Neuritis ...	8	5	7	...	7	6	7	...	...	1	2	...	4	2	1	...	...	1	...	...	1	...	...	...	3	...	...	...	23	15	17	...
C.—Neurasthenia ...	9	34	9	...	...	..	4	...	7	11	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18	45	15	...
D.—Neuralgia ...	36	61	4	...	2	14	1	...	1	...	10	...	1	4	1	...	8	11	1	...	4	...	1	...	...	10	...	...	52	100	18	...
83. Cerebral Softening (including Abscess of Brain) ...	...	...	2	2	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	2	2
84. Other Affections of the Nervous System	40	85	23	1	9	18	5	...	1	3	...	...	6	8	...	...	3	3	...	...	..	...	...	...	4	2	...	...	63	119	28	1
85. Affections of the Organs of Vision—																																
(a) Cataract ...	211	97	190	...	6	2	...	...	3	2	1	...	...	1	4	...	...	1	1	...	...	...	...	...	...	...	...	...	220	103	196	...
(b) Conjunctivitis ...	169	149	30	...	18	13	6	...	10	15	11	...	23	20	13	...	18	12	6	...	4	...	...	...	4	1	...	...	246	210	66	...
(c) Corneal Ulcer ...	64	41	51	...	5	2	1	...	...	...	2	...	...	...	...	...	1	2	3	...	...	...	...	...	...	...	...	...	70	45	57	...
(d) Glaucoma ...	40	25	28	...	5	4	1	..	1	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	46	32	29	..
(e) Iritis ...	80	29	34	...	1	3	1	...	1	...	1	...	1	1	2	...	...	...	1	...	4	...	...	...	...	...	...	...	87	33	39	..
(f) Keratitis ...	33	25	6	...	1	2	4	...	...	1	..	...	...	...	...	...	2	3	1	...	...	...	...	...	..	...	...	...	36	31	11	...
(g) Ophthalmia ...	25	19	1	...	...	...	6	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25	19	7	...
(h) Optic Neuritis ...	43	33	5	...	6	4	1	...	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	53	38	6	...
(i) Pterygium ...	47	57	40	...	2	4	8	...	2	2	2	...	...	...	3	...	1	...	1	...	...	...	...	...	1	...	...	...	53	63	54	...
(j) Other Affections of the Eye ...	427	322	124	...	152	112	14	...	9	6	14	...	13	7	5	...	7	1	4	...	3	...	...	...	3	...	...	...	614	448	161	...
86. Affections of the Ear or Mastoid Sinus...	78	95	90	2	11	19	20	...	18	16	15	1	9	13	2	...	1	4	2	..	1	1	...	...	5	...	...	...	123	148	129	3
Total ...	1,406	1,206	1,058	38	252	246	139	6	65	72	75	1	71	71	39	1	45	40	22	2	19	2	1	..	20	13	...	...	1,878	1,650	1,334	48
IV.—*Affections of the Circulatory System,*																																
87. Pericarditis ...	...	1	6	5	...	1	2	1	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	8	6
88. Endocarditis—																																
(a) Acute ...	9	9	3	...	...	...	...	...	9	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18	12	4	...
(b) Chronic ...	35	19	85	21	3	4	28	8	...	...	3	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	39	23	117	30
(c) Unclassified ..	17	13	20	9	3	4	1	1	...	...	18	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20	17	39	12
89. Angina Pectoris ...	4	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	1	...

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	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients		Out-Patients		In-Patients		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
IV.—Affections of the Circulatory System.—(Contd.)																																
90. Other Diseases of the Heart—																																
A.—Valvular																																
(a) Mitral ...	1	4	11	2	...	...	8	4	1	...	...	...	3	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	5	9	24	6
(b) Aortic ...	4	1	9	5	6	5	1	...	...	...	...	...	4	11	1	...	1	...	1	...	...	...	...	...	...	...	...	...	15	17	12	5
(c) Tricuspid ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
(d) Pulmonary ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B.—Myocarditis ...	62	30	116	43	13	25	22	11	4	13	7	3	12	4	18	3	2	4	6	4	...	...	...	...	...	...	...	...	93	76	169	64
C.—Unclassified ...	...	...	14	7	20	33	11	7	1	10	16	4	15	6	1	1	7	5	...	...	1	1	...	...	...	...	...	...	44	55	42	19
91. Diseases of the Arteries—																																
(a) Aneurism ...	11	4	27	8	2	1	3	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14	5	30	10
(b) Arterio-sclerosis ...	37	23	41	11	4	7	5	1	...	1	...	...	...	...	...	...	4	...	1	...	...	...	...	...	1	...	...	...	46	31	47	12
(c) Other Diseases ...	9	17	19	1	...	...	1	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	17	20	1
92. Embolism or Thrombosis (non-cerebral)	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...
93. Diseases of the veins—																																
(a) Haemorrhoids ...	194	41	95	1	16	4	49	...	16	5	4	...	11	3	4	...	5	2	4	...	3	...	...	...	3	..	...	...	248	55	156	1
(b) Varicose Veins ...	...	...	6	...	...	...	1	...	...	...	...	...	...	1	2	...	...	1	...	...	...	...	...	...	...	...	...	...	..	2	9	...
(c) Phlebitis ...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	5	...
94. Diseases of the Lymphatic System—																																
(a) Filariasis ...	81	232	256	11	4	33	17	...	20	41	5	3	4	4	3	...	1	1	...	...	3	2	1	...	10	2	1	...	123	315	283	14
(b) Filarial Bubo ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
(c) Elephantiasis ...	2	7	17	...	...	3	...	...	4	6	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	16	18	...
(d) Lymphangitis, lymphadenitis (non-filarial) ...	137	83	55	...	23	31	16	...	...	...	1	...	30	11	9	...	1	...	1	...	2	...	...	...	...	...	..	...	193	125	82	...
(e) Unclassified ...	...	...	26	...	...	...	7	...	5	4	12	...	1	2	...	...	...	...	...	...	...	...	...	...	5	2	...	...	11	8	45	...
95, Haemorrhage of undetermined cause ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
96. Other affections of the Circulatory System	...	...	...	...	...	...	...	...	4	7	...	...	...	...	...	...	...	1	...	...	...	...	..	...	...	...	...	...	4	8	...	...
Total ...	603	484	812	124	91	151	173	35	61	90	68	13	82	47	44	4	21	14	13	4	9	3	1	...	19	4	1	...	892	793	1,112	180
V.—Affections of the Respiratory System—																																
97. Diseases of the Nasal Passages—																																
(a) Adenoids ...	6	2	3	...	...	...	2	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	3	6	...
(b) Polypus ...	1	3	3	...	...	...	4	...	1	...	4	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	12	...
(c) Rhinitis ...	5	8	3	...	6	1	1	...	11	10	1	...	...	2	1	...	1	4	1	...	...	...	...	...	1	...	...	...	24	25	7	...
(d) Coryza ...	4	8	1	...	27	39	...	...	...	...	...	...	172	189	5	...	1	4	...	...	1	...	...	...	...	...	...	...	205	240	6	...
(e) Other diseases of nasal passages ...	12	13	29	...	11	11	2	...	2	1	9	...	7	1	3	...	1	1	...	...	...	...	...	...	...	...	...	...	33	27	53	...
98. Affections of the Larynx—																																
Laryngitis ...	20	14	6	...	1	3	2	...	5	6	3	...	1	3	...	...	1	3	1	...	1	...	...	...	...	...	...	...	29	29	12	...

TABLE 4—(Continued).

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	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients		In-Patients		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
V.—*Affections of the Respiratory System.—(Contd.)*																																
99. Bronchitis—																																
(a) Acute ...	196	149	42	3	...	...	8	3	164	195	9	...	...	...	...	...	...	...	4	3	3	...	...	...	10	2	...	...	373	346	63	9
(b) Chronic ...	412	257	278	44	288	296	53	5	39	102	16	...	60	26	6	...	10	3	7	1	6	...	...	...	6	13	...	...	821	697	360	50
(c) Undifferentiated ...	563	367	54	4	125	137	2	1	206	235	101	2	...	...	...	...	245	229	8	...	184	16	1	...	56	13	1	...	1,379	997	167	7
100. Broncho-pneumonia ...	...	1	35	21	...	...	18	14	...	...	5	2	...	...	3	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1	62	38
101. Pneumonia—																																
(a) Lobar ...	19	9	108	53	...	...	15	2	...	...	...	...	...	...	4	2	...	...	5	5	..	...	...	...	...	...	...	...	19	9	132	62
(b) Unclassified ...	...	...	16	5	...	...	3	3	...	...	33	18	...	...	...		...	...	...	...	4	1	2	1	...	...	2	1	4	1	56	28
102. A. Pleurisy ...	19	13	28	4	2	...	4	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	23	13	32	4
B. Empyema ...	...	...	4	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	..	5	2
103. Congestion of the Lungs ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	..	...	...	...	...	1	1
104. Gangrene of the Lungs ...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
105. Asthma ...	260	85	159	11	99	64	45	2	201	76	80	4	10	5	3	...	42	16	7	...	2	...	...	...	1	2	...	...	615	248	294	17
106. Pulmonary Emphysema ...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...
107A. Asphyxia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	2	...	...	...	...	..	...	12	2	...	...
B. Other affections of the Lungs ...	11	8	17	8	3	5	5	...	...	...	3	...	3	3	...	...	3	2	...	...	...	...	...	...	...	...	...	...	20	18	25	8
Total ...	1,530	938	797	156	562	556	164	30	629	626	265	26	254	229	26	2	305	262	36	11	213	19	3	1	74	30	3	1	3,567	2,660	1,294	227
VI.—*Diseases of the Digestive System.*																																
108A. Diseases of Teeth or Gums—Caries, Pyorrhœa, &c. ...	91	101	51	...	19	18	4	...	11	12	7	...	35	20	5	...	53	45	...	...	47	5	...	...	16	6	...	...	272	207	67	...
B. Stomatitis ...	36	35	41	6	...	...	2	...	5	5	4	...	4	3	2	...	...	..	...	..	4	...	...	...	2	1	...	...	51	44	49	6
C. Glossitis, &c. ...	...	...	2	...	3	1	...	...	2	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	6	2	2	...
D. Other affections of the Mouth ...	...	...	8	...	18	12	8	...	1	1	25	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	21	13	41	1
109. Affections of the Pharynx or Tonsils—																																
(a) Tonsilitis ...	59	85	157	...	12	20	17	...	6	19	5	...	8	18	1	...	...	6	1	...	...	...	...	...	...	2	...	...	85	150	181	...
(b) Pharyngitis ...	40	38	12	...	10	25	4	...	10	8	4	...	3	5	...	...	1	...	...	...	...	...	...	...	2	...	...	...	66	76	20	...
110. Affections of the Oesophagus ...	...	...	7	...	...	...	...	...	...	2	...	...	...	...	...	..	..	..	...	...	...	...	...	...	...		...	...	...	2	7	...
111A. Ulcer of the Stomach—																																
(a) Gastric ...	26	14	21	5	...	...	4	...	...	...	4	...	...	...	...	...	2	...	1	...	1	...	...	...	2	1	...	...	31	15	30	5
(b) Pyloric ...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...
B. Ulcer of the Duodenum ...	65	10	74	6	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	66	10	75	6
112. Other affections of the Stomach—																																
(a) Gastritis ...	47	63	25	2	24	51	9	...	13	28	3	...	2	3	...	...	6	8	3	...	...	...	...	...	4	17	...	...	96	170	49	2
(b) Dyspepsia ...	83	359	16	...	43	112	4	...	125	36	13	...	15	44	1	...	26	68	6	...	11	2	...	...	5	7	...	...	308	628	40	...
(c) Other affections of the Stomach ...	1	12	9	...	37	85	18	...	7	9	8	...	...	...	...	...	3	4	...	...	39	4	...	...	20	18	...	...	107	132	35	...

TABLE 4—(Continued).

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	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
VI.-Diseases of the Digestive System— (Continued)																																
113A. Diarrhœa and Enteritis— Under two years	55	31	7	3	39	60	4	4	...	...	16	4	14	12	3	...	15	14	1	...	...	...	...	...	...	...	...	...	123	120	31	11
B. Diarrhœa and Enteritis— Two years and over	61	55	86	20	26	42	26	6	...	...	23	4	27	15	12	...	17	22	7	1	...	...	...	...	...	...	...	...	131	134	154	31
C. Unclassified Diarrhœa and Entoritis	...	...	...	...	...	...	...	...	...	37	33	...	...	...	...	...	...	...	...	...	15	1	...	...	6	2	...	...	58	36	...	...
114A. Colitis	8	3	19	2	1	...	6	1	...	...	...	...	...	...	...	...	...	...	1	...	4	...	...	...	6	2	...	...	19	5	26	3
B. Ulceration	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
C. Sprue	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
115. Ancylostomiasis	47	19	90	...	8	3	2	...	1	2	16	3	7	5	10	...	7	3	...	...	1	...	...	...	...	...	...	...	71	32	118	3
116. Diseases due to Intestinal Parasites—																																
(a) Cestoda (Taenia)	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
(b) Trematoda (Flukes)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Nematoda (other than Ancylostoma)—																																
Ascaris	3	4	5	...	3	8	4	...	1	...	...	...	7	10	...	...	129	140	11	...	...	...	...	...	...	...	...	...	143	162	20	...
Trichocephalus dispar	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichina	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dracunculus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Strongylus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Oxyuris	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(d) Coccidia	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(e) Other Parasites	...	...	...	...	1	1	4	...	7	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	12	4	...
(f) Unclassified	64	75	5	...	...	...	...	...	99	92	..	...	30	29	1	...	...	...	...	...	...	...	...	...	2	...	...	...	195	196	6	...
117. Appendicitis—																																
(a) Acute	...	...	20	7	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	24	7
(b) Sub-acute and chronic	...	...	27	1	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	32	1
(c) Unclassified	...	...	52	3	2	...	7	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	60	3
118. Hernia	84	4	289	5	...	...	44	...	...	...	4	...	...	...	4	...	2	1	2	...	1	...	...	...	2	...	...	...	89	5	343	5
119. A. Affections of the Anus, Fistula, &c	25	9	94	2	...	5	11	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	25	14	108	2
B.—Other affections of the Intestines—																																
(a) Enteroptosis	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
(b) Constipation	213	379	46	...	99	191	15	...	18	35	11	...	273	315	6	...	19	20	7	...	47	4	...	...	5	2	...	...	674	946	85	...
(c) Other affections	2	3	62	13	9	26	9	2	7	10	31	7	...	...	...	...	...	...	...	...	5	1	...	...	...	...	...	...	23	40	102	22
120. Acute Yellow Atrophy of the Liver	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
121.—Hydatid of the Liver	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...
122. Cirrhosis of the Liver—																																
(a) Alcoholic	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Other forms	3	2	32	8	...	2	4	1	...	...	4	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	4	41	9
123. Biliary Calculus	5	5	47	3	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	5	47	3

TABLE 4.—(Continued).

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	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deat
VI.—*Diseases of the Digestive System*—(Continued).																																
124. Other affections of the Liver—																																
(a) Abscess ...	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1
(b) Hepatitis ...	4	5	11	...	11	31	5	...	10	2	7	...	...	...	1	...	5	8	3	...	3	1	...	...	7	...	...	...	40	47	27	...
(c) Cholecystitis ...	39	19	97	5	...	...	4	...	5	4	2	...	2	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	46	25	106	5
(d) Jaundice ...	8	16	5	...	15	21	2	...	1	1	7	1	6	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	30	39	15	1
125. Diseases of the Pancreas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
126. Peritonitis (of unknown cause) ...	...	...	16	14	...	...	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19	16
127. Other affections of the Digestive System	..	...	8	...	...	...	...	...	4	6	4	...	...	...	2	...	...	...	...	...	63	12	1	...	12	...	...	...	67	18	15	...
Total ...	1,069	1,349	1,451	107	380	714	230	16	370	316	202	20	434	452	54	...	287	340	43	1	243	30	1	...	79	58	...	...	2,862	3,289	1,981	144
VII.—*Diseases of the Genito-Urinary System (non-Venereal)*—																																
128. Nephritis—																																
(a) Acute ...	3	5	8	3	...	...	...	...	19	23	...	...	...	...	...	...	1	...	1	...	...	...	.	...	...	1	...	...	23	29	9	3
(b) Chronic (129) ...	87	45	208	53	6	9	56	19	8	13	32	7	6	2	7	2	1	...	3	2	...	...	...	...	...	2	...	...	108	71	306	83
(c) Uraemia ..	...	...	8	5	...	...	3	3	...	...	6	...	...	...	...	...	...	...	...	..	...	...	...	...	3	2	...	...	3	2	17	8
(d) Unclassified ...	13	12	12	3	66	85	13	...	...	...	103	16	...	...	...	...	...	...	...	...	5	...	2	...	...	...	...	...	84	97	130	19
130. A. Chyluria (Non-filarial) ...	...	7	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	. .	.	...	1	9	...	...
B. Schistosomiasis ...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
131. Other affections of the Kidneys—Pyelitis, etc. ...	7	205	21	...	...	...	...	...	...	...	...	...	...	...	...	...	3	4	1	...	...	...	...	...	...	..	...	...	10	209	22	...
132. Urinary Calculus ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	1	...
133. Diseases of the Bladder—Cystitis ...	45	27	28	3	31	18	3	...	19	25	8	...	13	32	3	...	...	...	1	1	1	...	1	...	3	...	1	...	112	102	45	4
134. A. Diseases of the Urethra—																																
(a) Stricture ...	126	...	125	2	9	...	5	...	16	...	7	1	...	...	1	...	...	...	1	...	1	...	...	...	3	...	...	...	155	...	139	3
(b) Other ...	90	..	4	...	40	8	39	2	...	...	22	...	9	12	1	...	...	...	...	...	1	1	...	...	...	...	...	...	140	21	66	2
B. Other Diseases of the Genito-Urinary System ...	2	5	28	2	21	46	12	...	3	7	...	...	9	1	...	...	7	2	...	...	2	...	...	...	4	...	...	...	48	61	40	
135. Diseases of the Prostate—																																
(a) Hypertrophy ...	23	...	45	13	...	...	3	...	...	...	2	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	25	...	51	13
(b) Prostatitis ...	...	...	4	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	1
136. Diseases (non-venereal) of the Genital Organs of Man—																																
(a) Epididymitis ..	...	...	17	...	3	...	1	...	...	...	...	...	5	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	8	...	19	...
(b) Orchitis ...	73	...	28	...	37	...	19	...	9	..	12	1	9	...	2	...	1	...	1	...	9	...	3	...	6	...	.	...	144	...	65	1
(c) Hydrocele ...	201	...	183	1	6	...	31	...	...	...	2	...	2	...	3	...	1	...	1	...	...	...	...	...	...	...	...	...	210	...	220	1
(d) Ulcer of Penis ...	...	...	16	1	4	...	1	...	...	...	3	1	13	...	7	...	...	...	...	...	...	...	...	...	10	...	...	...	27	...	27	2
(e) Phimosis and Paraphimosis ...	44	...	96	...	3	...	18	...	...	...	7	...	1	...	13	...	1	...	...	...	1	..	...	...	...	...	...	...	50	...	134	...
(f) Other ..	5	...	36	1	..	...	25	...	4	28	14	1	2	...	8	...	...	...	1	...	...	...	1	...	...	...	...	...	11	28	85	2

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	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients		In-Patients		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
VII.—Diseases of the Genito-Urinary System (non-Venereal)—Continued.																																
137. Cysts or other non-malignant Tumours of the Ovaries ...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	...
138. Salpingitis ...	...	22	219	19	...	1	11	...	...	...	2	...	...	6	7	...	...	1	3	...	...	...	...	...	...	...	...	...	...	30	242	19
139. Uterine Tumours (non-malignant) ...	...	19	90	2	...	...	4	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19	95	2
140. Uterine Hæmorrhage (non-puerperal)..	...	47	4	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	47	5	...
141. A. Metritis ...	...	...	26	1	...	...	6	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	33	1
B. Other affections of the Female Genital Organs—																																
(a) Displacements of the Uterus ...	...	9	30	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	32	...
(b) Amenorrhœa ...	...	48	1	...	...	47	...	...	..	2	2	...	...	31	...	...	...	7	1	...	...	...	...	...	...	1	...	...	...	136	4	...
(c) Dysmenorrhœa ...	...	21	8	...	...	20	2	...	...	4	2	...	...	36	3	...	...	8	1	...	...	...	...	...	...	3	...	...	...	92	16	...
(d) Leucorrhœa ...	...	340	39	...	...	120	35	...	...	65	42	...	...	96	4	...	...	7	3	...	..	2	...	...	...	2	...	...	...	632	123	...
(e) Other Affections ...	...	91	107	1	...	68	22	...	...	25	16	...	...	15	1	...	...	17	2	...	...	7	...	...	...	9	...	...	...	232	148	1
142. Diseases of the Breast (Non-puerperal)-																																
(a) Mastitis ...	...	17	12	...	...	14	2	...	...	1	3	...	...	8	...	...	...	2	1	...	...	...	...	...	...	...	...	..	...	42	18	...
(b) Abscess of Breast ...	...	14	30	...	...	...	8	...	...	...	4	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	..	...	...	14	43	...
Total ...	719	931	1,443	111	226	436	320	24	78	193	294	27	72	241	64	2	15	48	22	3	20	10	7	...	29	20	1	...	1,159	1,882	2,151	167
VIII.—Puerperal State.—																																
143. A.—Accidents of Pregnancy—																																
(a) Abortion ...	...	29	149	...	...	10	22	...	...	6	14	...	...	3	3	...	...	...	3	...	...	...	...	...	...	...	...	...	...	48	191	...
(b) Ectopic Gestation ...	...	...	10	...	...	...	1	..	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	...
(c) Pregnancy (non-delivery) ...	...	135	240	...	...	92	25	...	...	...	...	...	...	26	1	...	...	20	4	...	...	1	...	...	...	...	...	...	...	274	270	...
(d) Other Accidents of Pregnancy ...	...	...	8	3	...	...	32	2	...	...	...	...	...	5	2	...	...	2	2	...	...	...	...	...	...	...	...	...	..	7	44	5
B. Normal Labour ...	...	...	962	...	...	...	180	...	...	...	99	...	...	...	18	...	...	...	20	...	...	...	...	...	...	...	...	...	...	...	1,279	...
C.—Accidents of Parturition—																																
(a) Sequelæ of Labour (149) ...	...	...	2	...	...	...	...	...	...	...	2	1	...	2	1	...	...	..	...	...	...	...	...	...	...	...	...	...	...	2	5	1
(b) Other Accidents of Parturition (145)	...	...	13	10	...	...	4	4	...	...	1	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20	15
D.—Accidents of the Puerperium—																																
(a) Puerperal Hæmorrhage (144) ...	...	...	...	...	...	..	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
(b) Puerperal Septicæmia (146) ...	...	...	15	14	...	...	4	4	..	...	1	1	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	22	21
(c) Phlegmasia Dolens (147) ...	...	..	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	.	...	...	...	...	...	...	...	...	...	...	...
(d) Puerperal Eclampsia (148) ...	...	...	17	17	...	...	7	1	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	26	18
(e) Puerperal Affections of the Breast (150) ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(f) Other Accidents of the Puerperium	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	4	...
Total ...	...	164	1,416	44	...	102	276	12	...	6	118	3	...	36	29	...	...	22	34	2	...	1	...	...	...	...	...	...	...	331	1,873	61

TABLE 4—(Continued.)

HOSPITALS—GEORGETOWN, NEW AMSTERDAM, SUDDIE, BARTICA, NORTH-WESTERN DISTRICT, KAMAKUSA AND POTARO.

Return of Diseases (Out-Patients) and of Diseases and Deaths (In-Patients) for the Year 1936.

DISEASES.	P.H., Georgetown				P.H., New Amsterdam				P.H., Suddie				P.H., Bartica				P.H., N.W.D.				P.H., Kamakusa.				P.H., Potaro.				Totals.			
	Out-Patients.		In-Patients.		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patien's		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients	
	M.	F.	C.	D.	M.	F.	C,	D.	M.	F.	C.	D,	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases	Deaths
IX.—Affections of the Skin and Cellular Tissues—																																
151. Gangrene ...	9	4	44	14	...	...	8	3	...	...	...	...	...	...	2	1	...	...	1	...	...	...	...	...	...	...	...	...	9	4	55	18
152. Carbuncle ...	9	4	16	1	...	...	5	...	...	...	1	1	1	2	1	..	...	...	...	...	...	...	...	...	...	...	..	...	10	6	23	2
152a. Sinus ...	6	2	23	...	1	...	24	..	...	...	3	...	1	...	1	...	...	...	3	...	6	...	1	...	...	...	...	...	14	2	55	...
153. A. Abscess ...	405	204	709	8	21	25	109	1	16	15	157	4	25	6	57	...	3	3	13	1	...	...	...	...	13	...	1	...	483	253	1,046	14
B. Whitlow ...	4	4	25	...	1	2	8	...	1	3	2	...	1	...	...	...	...	...	...	...	2	1	1	..	...	...	...	...	9	10	36	...
C. Cellulitis ...	31	10	103	7	27	24	30	...	6	3	14	1	19	21	19	...	2	1	3	...	5	...	...	...	...	...	...	...	90	59	169	
154. A. Tinea ...	19	16	5	...	...	...	...	...	5	11	2	...	9	5	...	...	1	1	...	...	2	...	...	...	...	...	...	...	36	33	7	...
B.—Scabies ...	77	29	12	...	24	11	4	...	22	3	17	...	2	...	...	...	15	18	...	...	...	...	...	...	1	...	...	...	141	61	33	...
155. Other Diseases of the Skin—																																
(a) Erythema ..	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
(b) Urticaria ...	1	4	3	...	...	...	2	...	4	3	1	...	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8	9	6	...
(c) Eczema ...	79	196	19	...	...	1	...	...	26	24	3	...	43	30	5	...	2	2	...	...	2	1	...	...	...	...	...	...	152	164	27	...
(d) Herpes ...	1	2	12	...	...	...	1	...	...	...	4	...	4	3	1	...	...	...	...	...	...	...	...	...	10	...	...	...	15	5	18	...
(e) Psoriasis ...	3	3	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	3	1	...
(f) Myiasis ...	...	...	3	1	...	...	...	...	..	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	..	..	...	1	...	5	1
(g) Chigoes ...	...	...	...	...	..	...	...	..	...	...	6	..	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	2	...	7	...
(h) Ulcers ...	345	115	275	4	51	29	110	...	244	98	119	2	46	15	15	...	86	45	25	...	34	5	...	...	26	2	...	...	832	309	544	6
(i) Other Skin Affections ...	95	79	82	...	29	30	44	...	19	7	89	2	46	56	8	...	31	32	1	...	19	5	...	...	2	1	...	...	241	210	224	2
Total ...	1,081	583	1,331	35	154	122	345	4	343	167	421	10	201	140	109	1	143	102	47	1	70	12	2	...	52	3	1	...	2 047	1,129	2,256	51
X.—Diseases of Bones and Organs of Locomotion (other than Tuberculosis)—																																
156. Diseases of Bones— Osteitis and Osteomyelitis ...	10	5	61	2	...	1	7	...	...	...	...	...	4	2	2	...	...	...	2	1	...	...	...	...	...	...	...	...	14	8	72	3
157. Diseases of Joints—																																
(a) Arthritis ...	28	119	117	...	19	19	23	...	73	47	4	...	4	6	...	...	3	2	1	...	1	...	...	...	11	...	1	...	400	193	146	...
(b) Synovitis ...	13	9	23	...	18	34	11	...	6	...	7	...	6	8	...	...	14	4	1	...	1	1	...	...	1	...	...	...	59	56	42	...
158. Other Diseases of Bones or Organs of Locomotion ...	351	489	69	...	211	180	50	...	113	255	4	2	36	24	1	...	59	49	12	...	36	1	...	...	...	..	...	...	806	998	136	2
Total ...	663	622	270	2	248	234	91	...	192	302	15	2	50	40	3	...	76	55	16	1	38	2	...	...	12	...	1	...	1,279	1,255	396	5
XI.—Malformations—																																
159. Malformations:—																																
(a) Hydrocephalus ...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	1	
(b) Hypospadias ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Spina Bifida, &c. ...	...	...	1	1	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
(d) Unclassified ...	1	12	22	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	12	26	1
Total ...	1	12	23	2	...	...	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	12	28	3

TABLE 4—(Continued.)

HOSPITALS—GEORGETOWN, NEW AMSTERDAM, SUDDIE, BARTICA, NORTH WESTERN DISTRICT, KAMAKUSA AND POTARO.

Return of Diseases (Out-Patients) and of Diseases and Deaths (In-Patients) for the Year 1936.

DISEASES.	P.H., Georgetown				P.H., New Amsterdam.				P.H., Suddie				P.H., Bartica				P.H., N.W.D.				P.H., Kamakusa				P.H., Potaro.				Totals.			
	Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases	Deaths
XII.—*Diseases of Infancy*—																																
160. Congenital Debility ...	5	4	53	44	...	2	17	17	...	...	1	1	6	4	1	...	...	1	1	...	...	...	...	...	...	...	...	...	11	11	73	62
161. Premature Birth ...	...	...	36	36	...	...	9	9	...	...	4	2	...	...	1	...	...	...	3	3	...	...	...	...	...	...	...	...	...	...	53	50
162. Other Affections of Infancy ...	4	4	30	12	...	...	...	...	...	3	5	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	4	7	37	12
163. Infant Neglect (infants of three months or over) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	9	8	119	92	...	2	26	26	...	3	10	3	6	4	4	...	...	1	4	3	...	...	...	...	...	...	...	...	15	18	163	124
XIII.—*Affections of Old Age*—																																
164. Senility—																																
(a) Senile Dementia ...	...	...	13	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	2
(b) Senile Debility ...	15	47	151	23	20	12	50	20	249	374	20	5	2	8	13	1	...	4	1	...	...	...	...	...	...	...	...	...	286	445	235	49
Total ...	15	47	164	25	20	12	50	20	249	374	20	5	2	8	13	1	...	4	1	...	...	...	...	...	...	...	...	...	286	445	248	51
XIV.—*Affections produced by External Causes*—																																
165. Suicide by Poisoning ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
166. Corrosive Poisoning (intentional) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
167. Suicide by Gas Poisoning ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
168. Suicide by hanging or strangulation ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
169. Suicide by drowning ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
170. Suicide by firearms ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
171. Suicide by cutting or stabbing instruments ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
172. Suicide by jumping from a height ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
173. Suicide by crushing ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
174. Other suicides ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
175. Food Poisoning—																																
(a) Botulism ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Other ...	...	...	6	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	...
176. Attacks of poisonous animals—																																
(a) Snake bite ...	4	2	4	...	...	...	5	...	...	...	...	...	1	...	2	1	...	...	1	1	...	...	...	...	...	...	1	...	5	2	13	2
(b) Insect bite ...	6	4	8	...	...	...	...	...	...	...	...	...	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	9	4	9	...
(c) Unclassified ...	13	11	11	...	2	...	1	...	...	...	...	...	7	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	22	11	13	...
177. Other accidental poisonings ...	...	...	24	3	...	...	1	...	...	...	2	...	...	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	30	6
178. Burns (by fire) ...	6	7	13	1	...	...	3	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	7	9	17	1
179. Burns (other than by fire) ...	16	10	72	7	...	1	5	...	...	...	8	1	2	1	3	...	...	...	...	...	1	...	...	...	...	...	...	...	19	12	88	8
180. Suffocation (accidental) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
181. Poisoning by gas (accidental) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
182. Drowning (accidental) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
183. Wounds (by firearms, war excepted) ...	1	...	3	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	1

TABLE 4.—(Continued).

HOSPITALS—GEORGETOWN, NEW AMSTERDAM, SUDDIE, BARTICA, NORTH-WESTERN DISTRICT, KAMAKUSA AND POTARO,

Return of Diseases (Out-Patients) and of Diseases and Deaths (In-Patients) for the Year 1936.

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	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
XIV.—*Affections produced by External Causes*—(Contd.)																																
184. Wounds (by cutting or stabbing instruments) ...	...	...	23	...	25	10	4	...	...	...	65	1	22	12	17	...	11	2	19	1	15	2	3	...	28	3	5	...	101	29	136	2
185. Wounds (by fall) ...	6	14	8	1	...	...	...	...	...	...	4	...	25	10	13	...	...	...	...	...	...	...	...	...	...	...	...	...	31	24	25	1
186. Wounds (rupture of internal organs) ..	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
187. Wounds (by machinery) ..	...	...	...	...	...	..	...	...	...	...	3	1	3	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	4	1
188. Wounds (crushing, e.g., railway accidents, &c.) ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	1	...
189. Contusions—injuries inflicted by animals, &c. ...	...	...	...	...	...	...	3	...	...	...	63	...	3	3	1	...	...	...	...	...	...	...	...	...	2	...	...	...	5	3	67	...
190. Wounds inflicted on active service ...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
191. Executions of civilians by belligerents.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
192. A.—Over fatigue ...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B.—Hunger or Thirst ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
193. Exposure to Cold, Frost-bite, &c. ...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
194. Exposure to Heat—																																
(a) Heatstroke ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Sunstroke ...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...
195. Lightning stroke ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...
196. Electric Shock ...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
197. Murder by Firearms ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
198. Murder by Cutting or Stabbing Instruments ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
199. Murder by other means ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
200. Infanticide (Murder of an infant under one year) ...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
201. A.—Dislocation ...	9	8	15	...	1	...	6	...	...	...	2	...	...	...	...	...	...	...	2	..	...	...	...	...	...	...	...	...	10	8	25	...
B.—Sprain ...	71	25	46	...	20	16	12	...	4	3	6	...	11	5	2	...	6	1	...	...	5	2	...	...	2	...	...	...	119	52	66	...
C.—Fracture ...	59	36	331	8	4	...	71	1	3	1	27	...	...	...	9	1	4	...	3	...	1	..	...	...	...	...	1	..	71	37	442	10
202. Other external injuries ...	949	466	425	...	187	131	184	1	17	13	110	6	15	7	29	...	9	5	2	...	25	1	5	...	1		..	...	1,203	623	755	7
203. Deaths by Violence of unknown cause.	...	...	...	...	...	...	...	...	...	...	...	.	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	1,140	583	993	22	239	158	295	2	24	17	292	9	93	41	83	5	30	8	27	2	47	5	8	...	33	3	7	...	1,606	815	1,705	40
XV.—*Ill-Defined Diseases.*																																
204. Sudden Death (cause unknown) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
205. A.—Diseases not already specified or ill-defined—																																
(a) Ascites ...	...	1	1	...	2	...	4	1	...	...	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	5	1
(b Œdema ...	14	15	1	...	6	4	1	1	4	6	...	...	2	4	...	...	2	2	...	...	1	...	...	...	...	...	...	...	29	31	2	1

TABLE 4—(Continued).

HOSPITALS—GEORGETOWN, NEW AMSTERDAM, SUDDIE, BARTICA, NORTH-WESTERN DISTRICT, KAMAKUSA AND POTARO.

Return of Diseases (Out-Patients) and of Diseases and Deaths (In-Patients) for the Year 1936.

DISEASES.	P.H., Georgetown.				P.H., New Amsterdam.				P.H., Suddie.				P.H., Bartica.				P.H., N.W.D.				P.H., Kamakusa.				P.H., Potaro.				Totals.			
	Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients.		In-Patients.		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients		In-Patients		Out-Patients.		In-Patients.	
	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	C.	D.	M.	F.	Cases.	Deaths
XV.—Ill-Defined Diseases.—(Contd.).																																
205. —A.—Diseases not already specified or ill-defined—(Contd.)																																
(c) Asthenia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(d) Shock ...	1	...	11	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	12	1
(e) Hyperpyrexia ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	64	49	3	...	...	...	...	...	...	...	...	...	61	49	3	...
(f) Debility (excluding 160 & 164(b))...	208	418	152	25	160	192	33	9	...	..	109	19	22	22	22	1	63	43	8	3	73	6	...	...	84	18	...	...	610	699	324	57
B.—Malingering ...	..	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	4	...
Total ...	223	434	169	26	168	196	38	11	4	6	109	19	24	26	23	1	129	94	11	3	74	6	...	...	84	18	...	...	706	780	350	60
XVI.																																
A.—Ophthalmic Department (Out-patients) ...	Included under 85 (a)—(j)				196	146	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	196	146	...	...
B.—Dental Department (O.P.) ...	2,898	3,961	...	...	311	383	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	..	...	...	...	3,209	4,344	...	...
C.—Casualties (O.P.) ...	...*	...*	...	...	267	571	...	...	...	..	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	267	571	...	..
D.—Not Sick ...	7	13	237	...	...	...	93	...	...	...	127	...	...	...	19	...	1	...	25	...	...	...	...	...	...	...	...	...	8	13	501	...
E.—Undiagnosed ...	433	761	393	1	...	...	1	...	35	30	...	...	3	2	...	...	3	5	...	...	17	2	...	...	...	...	...	...	491	800	394	1
Total ...	3,338	4,735	630	1	774	1,100	94	..	35	30	127	...	3	2	29	...	4	5	25	..	17	2	...	...	...	...	...	...	4,171	5,874	895	1
Total, Sections I.—XVI. ...	15,249	14,027	14,355	1,169	4,040	5,486	2,962	275	2,893	3,144	2,382	188	2377	2057	776	37	1625	1527	479	51	959	111	35	1	695	249	37	3	27,838	26,601	21,026	1,724
Attendances for Repeat Medicines ...	10,333	9,059	...	...	2,358	3,371	...	...	775	1,043	...	...	513	502	...	...	101	56	...	...	211	59	...	...	62	19	...	...	14,353	14,109	...	...
GRAND TOTAL ...	25,582	23,086	14,355	1,169	6,398	8,857	2,962	275	3,668	4,187	2,382	188	2890	2559	776	37	1726	1583	479	51	1170	170	35	1	757	268	37	3	42,191	40,710	21,026	1,724

* Included under 153A and B, 184, 185, 187, 201A-C, 202, and 205 (f).

TABLE 5.

RETURN OF SURGICAL OPERATIONS.

Operations.	Public Hospital, Georgetown.		Public Hospital, New Amsterdam.		Public Hospital, Suddie.		Public Hospital, Bartica.		Public Hospital, Mabaruma.		Public Hospital, Kamakusa.		Public Hospital, Potaro.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Head and Neck ...	100	2	60	1	9	...	18	...	3	...	...	...	...	...
Upper Extremity ...	70	1	75	...	5	...	4	...	8	...	...	...	...	...
Lower Extremity ...	153	4	90	1	2	...	10	1	5	1	...	...	...	...
Thorax ...	25	...	3	...	14	...	2	...	...	...	...	...	...	...
Abdomen ...	752	44	116	1	7	...	3	...	2	...	...	...	...	...
Back and Vertebrae ...	5	...	...	...	...	...	1	...	...	...	...	...	...	...
Genito-Urinary System ...	526	13	115	1	7	...	18	...	1	...	..	...	...	...
	1,721	64	459	4	44	...	56	1	19	1	...	...	...	...

B.—*The Mental Hospital.*

212. The following information is derived from the annual report of the Medical Superintendent of the Mental Hospital.

213. The daily average number of patients was 720 (males 386, females 334) compared with 701 in 1935. There were 97 admissions (males 50, females 47) as against 91 in 1935. With the 706 patients (375 males, 331 females) remaining on January 1st, a total of 803 cases were treated during the year. The admissions from the three counties were :—

County.	Males.	Females.	Total.
Demerara	30	30	60
Berbice	13	15	28
Essequebo	7	2	9
Total	50	47	97

214. The admissions classified as to the countries of origin were :—

Country.	Males.	Females.	Total.
British Guiana	45	38	83
India	3	6	9
Barbados	...	2	2
Dutch Guiana...	1	...	1
Grenada	1	...	1
St. Lucia	...	1	1
Total	50	47	97

215. The causes of unsoundness of mind in the cases admitted were :—

Causes.	Males.	Females.	Total.
Poverty and want ..	17	14	31
Domestic worries ...	6	12	18
Recurrence ...	9	5	14
Epilepsy ...	2	3	5
Parturition ...	...	1	1
Religious excitement ...	2	3	5
Syphilis ...	3	...	3
Adolescence ...	4	8	12
Congenital ...	4	...	4
Heredity ...	1	...	1
Filariasis ...	1	...	1
Tuberculosis ...	1	...	1
Not insane (child born in hospital) ...	...	1	1
Total ...	50	47	97

216. The causes of unsoundness of mind remain fairly constant. Poverty and

domestic worries accounted for 50 per cent. of the total admissions. Recurrence is fairly high—14 per cent. Syphilis as a cause remains practically the same as last year.

217. There were 24 discharges (males 12, females 12) compared with 22 in 1935, and the total number of patients under treatment at the end of the year was 24 more than at the end of 1935.

218. The number of patients who recovered was 24, representing 2 more than during the previous year. Out of 50 males and 47 females admitted, 4 males and 4 females were discharged, *i.e.*, equivalent to 8.2 per cent. of recoveries as against 9.8 per cent. in 1935.

219. The number of deaths was 49 (21 males and 28 females), contrasted with 52 in 1935, and the mortality rate was 6.1 per cent. as against 6.6 per cent. the previous year. Of the 97 admissions, 12 died within one year of admission—8 males, 4 females, *i.e.*, 12.3 per cent. of the total admissions.

220. The principal causes of death were general debility, epilepsy, cerebral haemorrhage, pulmonary tuberculosis and chronic bronchitis. The condition causing the highest mortality was general debility. Pulmonary tuberculosis and the malaria fevers were not unduly in evidence as causes of death. Syphilis accounted for three deaths.

221. The chief diseases treated were malaria, pneumonia, pulmonary tuberculosis and other lung diseases, filariasis, diarrhoea, dysentery, Bright's disease and general debility.

222. Expenditure for the year was $61,294.66 compared with $66,639.37 in 1935, and the revenue $1,921.69 compared with $2,190.52 in 1935.

223. The per caput cost per diem was 24.5 cents as against 26.0 in 1935.

224. Over 55 per cent. of the patients were engaged in some form of occupation and the value of their labour in such occupations as baking, gardening, tailoring, shoemaking, washing, printing, carpentry, woodcutting, etc., was estimated at $25,890.

225. The table below furnishes the accommodation in the various wards of the hospital with classification as to type of patient.

Division.	No.	Name of Block.	Accommodation.		Class of Patients.
			Authorised.	Actual Number of Patients.	
Male ...	417	"A"	23	22	Trusted.
		B and C Single Rooms ...	82	81 (18 sleeping in Annexe).	Dangerous and refractory.
		D Lower	71	66	Chronic Creole.
		D Upper	74	63	Chronic East Indian.
		E Lower	38	38	Quiet East Indian.
		E Upper	41	40	Quiet East Indian.
		G Male Infirmary ...	55	52	Sick and infirm.
		Criminal Annexe ..	33	30* 392	Criminal.
Female ..	323	Victoria "A" ...	67	73	Chronic Creole.
		Victoria "B" ...	66	72	Chronic East Indian.
		Single Rooms ...	28	27	Dangerous and dirty.
		Central Block ...	81	86	Doubtful and dirty.
		Female Infirmary ...	54	57	Sick and infirm.
		Dorcas (cottage) ...	27	23 338	Convalescent and trusted.
			740	730	

* Includes 18 patients from B. and C. sleeping in the Annexe.

226. Structural improvements, alterations and additions were effected in the various blocks and quarters. Twenty-four new single rooms were added to the female refractory block.

227. Accommodation generally throughout the mental hospital is inadequate, more particularly is this the case in the female division, where the number of patients continues to encroach on the number of male cases. Both refractory blocks are overcrowded, and there is urgent need for more single rooms in the male division.

228. Upon the retirement of the present holder of the post of Medical Superintendent it is proposed to obtain a medical officer qualified with a diploma in psychological medicine.

C.—*Public Dispensaries.*

229. In addition to the out-patient dispensaries attached to the public hospitals in Georgetown, New Amsterdam, Suddie, Bartica, Mabaruma, Kamakusa, and Potaro, and the Government public dispensary at Charles Street, Georgetown, there are thirteen Government dispensaries in the charge of qualified sicknurses and dispensers, situated in the more remote yet populous river districts, and in the diamond and gold bearing areas. In the majority of these outlying dispensaries, the work done by the nurse-dispenser is supervised by the Government medical officer of the adjoining district.

230. Consideration has been given to a scheme whereby, with the aid of temporary additional dispensers, each of these resident in the more remote areas should be brought in turn to town to undergo a short course of training in elementary hygiene and sanitation. As no sanitary inspectors are stationed in these areas the knowledge thus acquired by the dispensers would serve a very useful purpose, particularly in the direction of promulgating anti-mosquito measures and in the seizure with a view to condemnation by a justice of the peace (generally the Warden of the District) of unsound food. They would be empowered for this purpose by being made officers of the Central Board of Health.

231. The following table gives the number of cases treated, with expenditure and revenue :—

Dispensary.	Paying Patients.			Police Patients.			Pauper Patients.			Expenditure.	Revenue.
	New Cases.	Repeats.	Total.	New Cases.	Repeats.	Total.	New Cases.	Repeats.	Total.		
No. 1 Charles Street, Georgetown ...	558	848	1,406	3	7	10	3,635	7,258	10,893	$ 1,540 90	$ 337 48
Leguan	1,469	54	1,523	56	3	59	219	14	233	1,214 29	402 58
Demerara River (Christianburg) ...	882	174	1,056	37	10	47	1,182	125	1,307	1,066 28	435 10
Berbice River (Ida Sabina) ...	164	3	167	1	...	1	917	24	941	1,120 68	72 58
Pomeroon River (Charity) ...	954	60	1,014	22	7	29	2,295	90	2,385	1,508 36	371 58
Essequebo River (Supenaam) ...	869	239	1,108	...	...	...	682	120	802	1,608 51	291 54
Moruca River (Acquero) ...	17	...	17	...	...	...	2,924	211	3,135	1,371 96	5 26
Canal No. 2 Polder	906	61	967	...	...	...	68	6	74	1,063 75	231 60
Canal No. 1 Polder	828	28	856	...	...	...	67	5	72	*	207 60
Mara	188	15	203	14	1	15	1,888	160	2,048	1,737 83	186 35
Enachu	76	11	87	11	...	11	775	108	883	†864 00	84 24
Wakenaam	1,295	8	1,303	41	10	51	668	9	677	1,048 89	333 54
Anna Regina	739	43	782	48	2	50	6,872	614	7,486	927 74	191 76
Parika	63	6	69	11	2	13	19	9	28	‡	17 04

* Supplies are obtained from Canal No. 2 Polder.
† Salary, etc., of Dispenser. Supplies are obtained from the Public Hospital, Kamakusa.
‡ Supplies are obtained from Leguan Dispensary.

V.—PRISONS.

232. The general health of prisoners in the Georgetown, New Amsterdam, and Mazaruni prisons continued to be satisfactory and no abnormal incidence of sickness occurred.

233. The daily average number of prisoners in the Georgetown prison and the daily average number in the prison hospital was 232 and 0·4 respectively. 161 prisoners were admitted to the prison hospital during the year, of whom 9 were transferred to the public hospital, Georgetown. 30 males and 4 females were

referred by the Stipendiary Magistrates for medical observation. Of these 22 were insane and 4 feeble-minded. There was 1 execution.

234. The following table shows the hospitalization, etc., of prisoners in the other prisons:—

Prison.	Average daily number of prisoners.	Average daily number in prison hospital.	Total number of admissions.	Number of deaths.	Number transferred to Public Hospitals.	Number transferred to Mental Hospital.
New Amsterdam...	60	.09	25	...	1	...
Mazaruni ...	39	...	...	...	7	...

235. The principal diseases treated were malaria, venereal diseases, influenza, heart disease, asthma, and ulcers. The total number of out-patient attendances was 7,611 compared with 7,232 in 1935.

236. The sanitary condition of buildings, latrines and grounds was satisfactorily maintained.

VI.—THE ALMS HOUSE.

237. Accommodation is provided for 808 inmates—514 males and 294 females. The number of inmates on the 1st January, 1936, was 853—530 males and 323 females. The number admitted during the year was 666—444 males and 222 females, while the daily average was 865.

238. There are five infirmary wards providing accommodation for 316 patients. 1,341 cases were treated in the infirmary wards—920 males and 421 females. The daily average number of infirmary patients was 230 males and 171 females. The principal diseases treated were—chronic nephritis, diseases of the heart, chronic bronchitis and hemiplegia.

239. 84 minor operations were performed throughout the year—62 males and 22 females.

240. 239 persons (117 males and 122 females) were inoculated against typhoid fever.

241. The number of injections given during the year were:—

Novarsenobillon	...	...	13
T. A. B.	...	...	22
Streptococcal vaccine	...	...	24
Tartar emetic	...	...	5
Fouadin	...	...	70

242. The deaths numbered 268—156 males and 112 females, the death-rate being 17.6 per cent. of the total number of inmates compared with 15.4 per cent. in 1935 and 19.4 per cent. in 1934.

243. The number of inmates remaining in the institution on the 31st December, 1936, was 879—544 males and 335 females, the chief causes of detention being hemiplegia, senility, ulcers, Bright's disease and blindness.

244. The following table shows the admissions, deaths, etc., for the last ten years:—

(1) Year.	(2) Total Deaths.	(3) Total persons in Alms House during the year.	(4) Death-rate per cent.	(5) Number of cases of Diarrhœa.	(6) Number of cases of Dysentery.	(7) Number of deaths from Diarrhœa and Dysentery.
1927 ...	324	1,591	20·4	224	40	31
1928 ...	338	1,608	21·02	260	53	46
1929 ..	286	1,429	20·01	148	69	38
1930 ...	203	1,379	14·7	54	10	6
1931 ...	219	1,272	17·2	52	6	4
1932 ...	241	1,318	18·2	20	3	7
1933 ...	282	1,307	21·5	116	13	16
1934 ..	269	1,389	19·4	50	7	9
1935 ..	223	1,444	15·4	32	2	2
1936 ...	268	1,519	17·6	9	4	3

245. *General Remarks.*—This institution continues to suffer from overcrowding, the daily average number of inmates exceeding the authorised accommodation by 57. Reference to this subject has already been made under the section dealing with the Public Hospital, Georgetown.

246. The wards, offices and grounds were kept in good condition throughout the year and the sanitary arrangements were satisfactory.

VII.—THE INDUSTRIAL SCHOOL—ONDERNEEMING.

247. The following information is derived from the report of the medical officer which is published with that of the superintendent.

248. The general health of the boys was satisfactory.

249. The following table shows the statistical figures for the years, 1934, 1935 and 1936:—

	1934.	1935.	1936.
Daily average number of boys in school ...	93	87	80
Daily average number of boys sick ...	1.9	1.4	1.7
Percentage of sick to daily average number boys. ...	2.1	1.6	2.2

250. There were 142 admissions to the infirmary during the year with no deaths. 9 boys were treated at the public hospital, Suddie—3 for abscesses, one for blackwater fever, 1 for cellulitis, 1 for enteritis, 1 for septic hand, and 2 for wounds. 9 boys received prophylactic doses of anti-tetanic serum after minor injuries.

251. 26 boys were admitted to the institution during the year. 2 were treated for malaria, at periods of one month and 4 months after admission.

252. There were 26 cases of malaria. Of these 20 had one attack and 6 two attacks.

253. There were no vaccinations during the year as the boys have all been vaccinated against small-pox.

254. The sanitary arrangements are satisfactory and sanitation was well maintained. The grounds and drains were kept in good order.

VIII.—SUGAR ESTATES.

255. Arrangements for the medical and sanitary care of sugar plantations remained the same as during the previous year. Whilst on a majority of the sugar estates members of the staff and their families are looked after by private practitioners appointed by the proprietors, the Government medical officer of the district is in charge of the hospital, the labourers and the sanitation of the compound, except in the case of the estates of Messrs. S. Davson & Co., Ltd., who employ their own medical officer.

256. General health conditions were satisfactory on the whole. There were 2,650 births registered as against 2,210 in 1935. The infant mortality figure fell from 132.1 in 1935 to 95.4 in 1936. 1,262 deaths were registered as compared with 1,066 in 1935. The principal causes of deaths (at all ages) were:—

Causes of death.	Number of deaths.
1. Malaria ...	121
2. Lobar Pneumonia ...	81
3. Bright's disease ...	48
4. Chronic Bronchitis ...	46
5. Heart disease ...	44
6. Diarrhoea and Enteritis ...	38
7. Infantile Debility, Icterus and Sclerema	30
8. Broncho Pneumonia ...	29
9. Pneumonia (type not distinguished) ...	21
10. Asthma ...	21
11. Acute Bronchitis ...	21
12. Premature Birth ...	20
13. Pulmonary Tuberculosis ...	19
14. Enteric Fever ...	18

257. Twenty-three out of thirty-one plantations provide and maintain hospitals and dispensaries for their labour forces.

258. The following is a short summary of the improvements and health and sanitary maintenance of sugar estates effected during the year:—

HOSPITAL.	IMPROVEMENTS COMPLETED.
Skeldon	...Erection of new cottages.
Port Mourant	...Two large brick incinerators were erected. Establishment of a pipe-borne system of drinking water.
Albion	...Plant for the sedimentation, filtration and chlorination of water from the Canje Creek in process of erection.
Rosehall	...Improvement in the sanitary arrangements for the hospital.
Providence (Berbice)	...Improvements effected in the hospital, particularly the maternity ward, and the bathroom and lavatory accommodation.
Blairmont	...General sanitary conditions maintained.
Bath	...Construction of new latrines. Septic tank system for the hospital and new cottages for the labourers.
Non Pareil	...Erection of new cottages on newly bonified land. Erection of new quarters for staff.
Wales	...Interior of hospital roof, the pillars, kitchen and out-offices white-washed. Three infant cots provided for maternity wards.
Schoon Ord	...Two ranges reconditioned and raised from the ground.
Versailles	...Three ranges reconditioned and raised from the ground. Portion of the female ward of the hospital converted into a maternity ward. Area raised and levelled and compound cleaned.
Leonora	...Ranges reconditioned. General improvement in the sanitation of the compound, more especially as regards extension of well water by pipe line, concreting of drainage channels, proper disposal of refuse by incineration and the employment of a regular gang of scavengers.
Uitvlugt	...Ranges reconditioned and improvements in sanitation carried out.
DeKinderen	...Ranges reconditioned.

259. The total number of patients admitted to estate hospitals was 21,316 as compared with 19,775 in 1935 and 20,049 in 1934. There were 875 deaths as against 753 in 1935. 6,173 patients sought treatment at the dispensaries of those hospitals. The figures for 1935 and 1934 were 6,558 and 4,892, respectively.

260. *Malaria.*— 8,450 cases were treated in hospitals with 121 deaths. The

average annual figures for the previous five years were 6,677 cases and 97 deaths. The distribution in counties during 1936 was :—

County.	Cases Malaria.	Deaths Malaria.
Berbice ...	1,585*	29
Demerara ...	6,865*	92

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*The figures for each county were reversed, in error, in the Annual Report for 1935.

261. *Bowel Diseases.*—A comparison of cases and deaths from enteric fever and "other intestinal diseases" including dysentery and enteritis in the colony estates during 1936 with corresponding figures for the previous five years is given below :—

Year.	Enteric Fever.		Other Intestinal Diseases.	
	Cases.	Deaths.	Cases.	Deaths.
1931	142	18	825	63
1932	105	16	709	57
1933	126	30	1,007	70
1934	156	28	1,251	87
1935	123	20	969	50
1936	142	18	808	49

262. A small epidemic of enteric fever occurred in March-April on an estate on the East Coast, Demerara.

263. The number of reported cases of all forms of pneumonia totalled 403 with 131 deaths.

264. *Drainage, bonification and housing.*—Greater stress is annually being laid on the importance of adequate drainage and the preparation of the land for building purposes—clearing, raising and levelling—prior to the actual erection of labourers' cottages or ranges. The procedure adopted is in conformity with the Public Health Ordinance. A plan is first prepared shewing the proposed lay-out, means of access to the area or lots and the method of drainage of the land. After approval by the Central Board of Health the works specified on the plan are thereafter executed, and a second certificate is given. The usual building application form is then submitted.

265. Estate yards proper were originally laid out for building purposes under the Immigration Ordinance and a general policy with respect to estate ranges has been adopted by the Central Board of Health.

IX.—MINING—MAZARUNI DIAMOND FIELDS.

266. The resident staff consists of :—

1 Senior Dispenser.
1 Junior Dispenser.
1 Mechanic for motor engine.
2 Boathands.
1 Scavenger.

267. The hospital of eight beds, with dispensary, is situated at the headquarters station, Kamakusa. An out-station dispensary under the charge of a dispenser is maintained at Enachu. The senior and junior dispensers continued to make routine inspections of their districts.

268. The average population of the district during the year was 4,070.

269. The general health throughout the area has been satisfactory. Mild attacks of influenza and bronchial troubles were prevalent, due more or less to weather conditions.

270. The treatment of cases of venereal diseases entering the district and of those infected within the district is still palliative only. All infected persons are advised to travel to the Public Hospitals, Bartica and Georgetown, for effective treatment.

271. The number of deaths registered during the year was 37 compared with 19 in 1935. The causes were undefined fevers 6, Bright's disease 3, pneumonia 2, drowning 1, dysentery 2, cancer 1, other causes 15, unknown 7.

272. The rainfall recorded at Kamakusa was 111·5 inches compared with 120·24 in 1935.

273. Sanitation has been fairly well maintained and with persuasion nuisances were usually abated. When the nurse-dispensers in this area have also received training in hygiene and sanitation which, as previously mentioned, it is hoped to effect in the near future, further improvements should take place.

X.—HINTERLAND SETTLEMENTS.

274. Free medicines were supplied to a number of Aboriginal Indian Stations at a cost of $268.96. Recognition is given to the willing and free medical attention paid to the inhabitants of these hinterland areas, particularly at mission stations, by those in charge who, in the course of years, have aquired a very practical and valuable knowledge of elementary therapy, both medical and surgical, and in whom the native places a trust and confidence perhaps not otherwise obtainable.

275. The necessity for the appointment of a resident dispenser in the Rupununi area is under consideration.

276. Periodical visits are now made by the Government medical officer, Skeldon, to a settlement at Orealla up the Corentyne River.

277. The Commission determining the boundary between British Guiana and Brazil has its own appointed doctor who supervises the health of the officers and the labouring personnel.

XI.—MATERNITY AND CHILD WELFARE.

278. The activities of the Infant Welfare and Maternity League which has been in existence for twenty-two years were well maintained throughout the colony.

279. A subvention of $12,804 was granted by the Government. From these funds seven health visitors were employed and forty-one nurse-midwives. The district Government medical officer is in charge of the clinics throughout the coastlands of the Colony. Expectant mothers are given advice and supervision, infants are examined and mothers are educated in the hygeine of infancy. Ante-natal treatment and the treatment of sick infants are carried out at these centres, some cases being referred to the nearest Government dispensary. There are now 60 clinics under the control of the League.

280. The sub-committee, appointed in 1935 to consider the financial position and the reorganisation of the district service continued its deliberations throughout the year. Practically all matters to be brought before the League Central Committee are now first considered by the sub-committee, details being worked out and definite proposals made. During the year under review salaries of midwives and health visitors have further been subsidised, field allowances have taken the place of special house or other allowances, and allocations for drugs, uniforms, stationery, etc., standardised.

281. Whilst the activities of the Infant Welfare and Maternity League are published separately, the following extract may conveniently be quoted here :—

> "During the year His Excellency the Governor intimated to the Central
> "Committee his wishes that the amount subscribed to the King George V

"Silver Jubilee Fund should be utilised for the purchase of equipment of "a permanent and durable nature for the infant welfare clinics throughout "the Colony, and offered that amount to the League subject to certain conditions. The Committee willingly accepted the amount on the conditions "imposed and take this opportunity of expressing their gratitude for His "Excellency's generous offer. In order that as many centres as possible "might benefit from the gift, it was proposed that a couch-cabinet complete with internal fittings should be provided for each clinic with "sufficient accommodation, as it was considered that such equipment "would meet a long felt need."

282. There can be no doubt that the keen interest manifested by the Committees of the League and of the affiliated units on sugar plantations, the work on the part of nurse-midwives, health visitors, county inspectors of midwives, and medical officers and the co-operation of members and of the people are all combining to bring about not only a reduction in maternal and infant mortality, but the production of healthier mothers and babies.

283. Maternity and Child Welfare work on sugar plantations which was commenced about six years ago by managers, assisted by their wives and other ladies on the estates, has continued to make good progress. The clinics are conducted by Government medical officers and estate medical officers, nurses and midwives. 22 estate hospitals, namely, Skeldon, Albion, Port Mourant, Rose Hall, Providence (Berbice), Blairmont, Bath, Cane Grove, Non Pareil, Enmore, Lusignan, La Bonne Intention, Vryheid's Lust, Ogle, Providence (Demerara), Farm, Diamond, Wales, Leonora Uitvlugt and DeKinderen are now provided with maternity wards.

284. The infant mortality for the colony was 120 per thousand births—the lowest on record. The average rate of this mortality for the previous 10 years was 153.

285. The number of confinements attended by the League nurses during the year was 2,565, and the number of live births 2,460. They were 101 still-births.

286. Still-births in the colony totalled 645 which is in proportion of 5·5 to every 100 children born alive.

287. The maternal mortality for the colony was 13·6. The figures for sugar plantations and the Child Welfare and Maternity League were 12·8 and 4·5 respectively.

288. There are maternity wards in each of the five principal hospitals of Georgetown, New Amsterdam, Suddie, Mabaruma, and Bartica.

289. The accommodation in the public hospitals, and maternity returns for 1936 are as follows:—

		Number of Beds.	Deliveries.	Deaths (Maternal).	No. of Births.	No. of Still-births.
Public Hospital,	Georgetown ...	46	1,012	51	858	107
do.	Berbice ...	8	197	8	160	36
do.	Suddie ...	12	98	3	84	16
do.	Mabaruma ..	2	23	...	24	...
do.	Bartica ...	.. *	19	...	18	1

* There are 9 beds in the female ward which are available for maternity cases.

290. The total number of births registered in the Georgetown registration district and in the city of Georgetown was 2,018 and 1,749 respectively. Of this number 858 occurred in the public hospital, Georgetown.

291. Returns in respect of the Maternity and Child Welfare League in 60 centres :—

District.	Government Medical Officer.	No. of Clinics.	No. Attendances of Infants.		No. Infants Treated.	Expectant Mothers.	
			Under 1 year.	Over 1 year.		No. Attendances.	No. Treated.
Lodge	Dr. S. K. Mangal	9	154	33	55	19	6
Kitty	Dr. J. E. R. Ramdeholl Dr. L. H. Wharton	26	1,120	250	262	241	82
Plaisance	do.	24	273	79	28	50	13
Beterverwagting	do.	26	715	165	271	84	13
Buxton	do.	24	314	78	75	30	4
Paradise	Dr. G. T. G. Boyce	12	119	29	38	8	1
Golden Grove	do.	12	218	69	72	16	...
Victoria	do.	12	327	89	108	31	5
Ann's Grove	do.	12	110	11	42	...	...
Unity	do.	11	64	19	41	...	...
Mahaica	do.	11	73	51	23	5	1
Supply	do.	12	69	21	20	10	...
De Kinderen	Dr. F. A. Viapree	11	67	3	6	1	...
Mahaicony	do.	11	126	8	58	4	...
Airy Hall	do.	12	114	27	40	1	...
Belladrum	do.	22	309	9	105	51	7
No. 28 Village	Dr. E. W. Reece	7	58	17	16	13	1
No. 8 Village	do.	24	252	33	16	86	3
Rosignol	do.	24	181	25	80	107	22
Sheet Anchor	Dr. G. E. Carto	12	156	7	66	245	170
Adelphi	do.	22	115	34	51	36	14
Highbury	do.	22	125	88	52	14	9
Sandvoorte	do.	11	72	45	53	44	39
New Amsterdam	do.	49	855	37	195	944	779
Mara	Dr. N. J. Abbensetts	9	39	16	27	12	8
Upper Berbice River	Govt. Dispenser Nauth	56	161	44	94	58	21
Fyrish	Dr. L. R. Sharples	12	395	...	15	86	4
Rose Hall	do.	12	299	...	41	124	35
Bloomfield	do.	12	672	5	72	172	31
Limlair	do.	12	551	2	40	61	5
Nos. 47 and 51 Villages	Dr. C. R. Subryan	6	56	13	...	32	...
No. 64 Village	do.	15	159	13	32	34	...
Nos. 78 and 79 Villages	do.	5	114	13	31	228	10
Crabwood Creek	do.	5	95	1	28	30	6
La Penitence	Dr. W. D. Pollard	23	671	110	159	130	31
Agricola	do.	26	380	89	125	20	16
Grove	do.	21	141	17	69	41	9
Vreed-en-Hoop	Dr. J. Nedd	11	166	46	65	74	21
Bagotville	do.	10	164	44	63	64	14
No. 1 Canal Polder	do.	18	156	20	61	25	3
Good Intent	do.	32	121	97	16	88	3
Windsor Forest	Dr. R. N. Cozier	19	56	11	15	2	...
Den Amstel	do.	21	115	38	17	2	...
Anna Catherina	do.	12	54	21	17	...	...
Parika	do.	10	30	18	10	...	...
Leguan	do.	12	97	57	25	24	12
Marionville	Govt. Dispenser Simon	23	182	95	102	67	39
Zeelandia	do.	24	40	75	66	45	18
Aurora	Dr. G. M. Kerry	25	69	16	38	16	7
Riverstown	do.	25	189	52	85	9	7
Suddie	do.	22	235	64	85	24	15
Queenstown	do.	23	153	38	95	75	41
Anna Regina	Dr. S. T. M. Sang	19	452	115	234	58	44
Danielstown	do.	20	228	75	97	32	22
Charity	do.	26	150	63	103	94	40
Moruca	Govt. Dispenser Rodney	27	382	267	153	28	17
Morawhanna	Dr. W. W. Besson	25	204	70	52	6	...
Bartica	Dr. H. Ho	26	565	292	186	10	5
Total		1,062	13,557	3,133	4,091	3,811	1,653

XII.—HYGIENE AND SANITATION.

CENTRAL BOARD OF HEALTH.

ANNUAL STATEMENT FOR 1936.

292. The personnel of the Board, as appointed by His Excellency the Governor, was on 1st January, 1936, as follows:—

The Surgeon-General (Chairman).
His Worship the Mayor of Georgetown.
His Worship the Mayor of New Amsterdam.
Hon. E. A. Luckhoo, O.B.E.
Hon. M. B. G. Austin, O.B.E.
Hon. J. I. de Aguiar.
The Director of Public Works.

The Government Veterinary Surgeon.
Mr. C. Shankland.
Mr. W. H. Richards.
Dr. A. J. Craigen.
Dr. T. T. Nichols.
with the
Government Medical Officer of Health as Chief Executive Officer, and Mr. C. H. Harewood, Secretary to the Board.

293. Hon. J. A. Henderson, Surgeon-General, was absent from the colony on grounds of ill health between 20th July and 22nd August, 1936, his place being taken by the acting Surgeon-General, Dr. B. N. V. Wase-Bailey.

294. Consequent upon his leaving the Colony on furlough, Mr. W. H. Richards submitted his resignation and Mr. C. H. Palmer, as selected by the B. G. Sugar Producers' Association, was appointed by the Governor.

295. Eleven ordinary monthly meetings were held from January to November, the December meeting falling through for lack of a quorum.

296. Two extraordinary meetings were convened, one in July to deal expressly with the question of the site for the proposed Tuberculosis Sanatorium and the second in December to consider the positions with regard to the typhoid epidemic in Georgetown and its environs.

297. *General Sanitary Measures.*—Six hundred and thirty-three building applications were dealt with by the Board in its capacity as the local Sanitary Authority of Rural Sanitary Districts—under section 13 (2).

298. In this connection a memorandum as to general policy with respect to the erection of buildings, including the question of dams, railway lands, etc., was submitted by the Government Medical Officer of Health.

299. Plans submitted for approval for the laying-out of land for building purposes under section 135 (1) numbered 32.

300. As regards trades and industries the following applications were dealt with:—Offensive Trades (sec. 95); Coconut Oil, 30; Tanneries, 2; other Trades and Industries; Rice mills (Rice Factories Ord. No 26 of 1933)—212.

301. Other applications considered included permission for the establishment of four schools (sec. 60 (1)) and one burial ground (sec. 64 (1)).

302. In addition to some of the more important items mentioned above, a number of miscellaneous matters were dealt with.

303. *Outbreak of Typhoid.*—An epidemic of typhoid fever occurred in Georgetown and its environs during the last quarter of the year. The Board was kept fully informed of the action being taken by the City Medical Officer of Health and the Chief Executive Officer. The epidemic has fully been written up in later pages.

304. *Policy with respect to Ranges.*—The Government Medical Officer of Health submitted a Memorandum embodying suitable provisions in respect of the size, construction, lay-out, etc., of estate ranges from which a précis was prepared giving the decisions of the Board. A copy of this was forwarded to the B. G. Sugar Producers' Association for their information and guidance.

305. *Appointment of District Medical Officers of Health.*—Upon the recommendation of the Board, the Governor approved of the appointment, *ex officio*, of the Resident Surgeon, Public Hospital, Mabaruma, (who is also the Government Medical Officer, North-West District) and the Resident Surgeon, Public Hospital, Bartica, (who is also the Government Medical Officer, Bartica District) to be District Medical Officers of Health in terms of section 8 (2).

306. *Dredger Mud.*—The Director of Public Works had proposed that mud

obtained by dredging the Demerara River might be utilised for the raising of low-lying land. The Board fully concurred with this proposal and as a precautionary measure the Government Bacteriologist was requested to examine samples of the mud which was found to be free from contamination with pathogenic organisms. This was undertaken primarily because the mud would normally come from an area not far removed from the main sewage outfall of the city.

307. *Roadside Stalls.*—The prevailing nuisance occasioned by the rapidly increasing number of roadside stalls was fully discussed and it was agreed to approach Government with a view to their elimination by the Director of Public Works who was the officer in charge of the control of road parapets. As a consequence, notice has been given in the press by the Director to effect that as from 31st December, 1938, permission to erect stalls would no longer be granted and existing stalls would be required to be removed.

308. *Financial.*—Expenditure in connection with approved sanitary works, bonification, disinfection and other sanitary activities of the Board continued to be met through the votes of the Health Department as printed in the Estimates.

309. *Legal.*—In January, regulations governing the sanitary control of markets were prepared and approved by the Board, becoming law on 27th June, 1936.

310. Burial Grounds regulations again came before the Board after revision by the Law Officers and were approved; but Government was requested to defer placing them before the Governor in Council in order to permit of a full report from each Sanitary Inspector with respect to details regarding existing burial grounds and places.

311. Draft regulations governing school hygiene and sanitation were discussed and deferred for further collaboration with the Director of Education in connection with the sanitary clauses of the proposed Education Code.

B. N. V. WASE-BAILEY,
Chief Executive Officer of the Board.

312. This report refers to the Colony in general and, with the exception of certain figures for comparative purposes, excludes the Municipal areas of Georgetown and New Amsterdam.

1.—ADMINISTRATIVE.

Staff.

313. The authorised staff of the Department in 1936 was as follows:—

(i) *Headquarters Staff*—

Government Medical Officer of Health—B. N. V. Wase-Bailey, M.D. (Edin.), D.P.H., D.T.M. & H. (Eng.).
Assistant Government Medical Officers of Health—E. Cochrane, M.D., Ch.B. (Glas.), D.P.H. (Lond.), O. M. Francis, M.D., C.M., (McGill), D.T.M. & H. (Eng.), D.P.H. (Lond.).
Head Clerk (Class III)—C. H. Harewood.
Second Clerk (Class III)—C. W. Joseph.
Third Clerk (Class III)—Miss E. Lewis.
Fourth Clerk (Probationer)—Miss I. Clarke.

In addition there are two disinfecting assistants who acts as photographers, draughtsmen and messengers and carry out duties in connection with experimental and field work.

(ii) *Sanitary Staff*—

County Sanitary Inspectors.

Berbice—F. J. July, M. R. San. I.
Demerara—H. A. Moonsawmy, F.R.E.S., F.R. San. I.
Essequibo—Supervised by County Sanitary Inspector, Demerara.

In addition there are—

4 Class II Sanitary Inspectors.
20 Class III Sanitary Inspectors, and
6 Class IV Assistant Sanitary Inspectors.

314. All hold the Local Certificate in Hygiene and Sanitation, and four Class II, fourteen Class III and four Class IV Sanitary Inspectors hold in addition the Certificate of the Royal Sanitary Institute.

LEAVE OF ABSENCE.

315. Dr. E. Cochrane, Assistant Government Medical Officer of Health, was on leave of absence until 22nd September, 1936. Dr. O. M. Francis was seconded from the medical staff to act as an Assistant Government Medical Officer of Health.

2.—ORDINANCES.

316. No new Ordinances were passed during the year.

3.—NOTIFIABLE DISEASES.

317. The notifiable diseases are small-pox, alastrim, yellow fever, plague, typhus, cholera, typhoid fever, diphtheria, erysipelas, scarlet fever, chicken-pox, tuberculosis (all forms), anthrax, puerperal fever, puerperal septicaemia, infantile paralysis, cerebro-spinal fever, ophthalmia neonatorum and trachoma.

318. Of the above diseases the following became notifiable on the passing into law in November, 1934, of the Public Health Ordinance (No. 15 of 1934)—typhus, erysipelas, scarlet fever, anthrax, puerperal fever, puerperal septicaemia and cerebro-spinal fever. Trachoma was made a notifiable disease in September, 1935.

319. No cases of small-pox, alastrim, yellow fever, typhus, cholera or plague occurred during the year.

320. The total number of cases notified of the remaining diseases for the whole Colony was 1,065 as compared with 888 in 1935. The deaths registered as due to the same diseases were 411 as against 351 in the previous year.

321. (i) *Tuberculosis* (*all forms*).—Below is a Table showing the cases notified and deaths registered in the city of Georgetown, the remainder of the Colony and the Colony as a whole, for the past ten years. These are compared with the cases and deaths of in-patients of the Public Hospitals, the average ten-year case mortality also being given :—

TUBERCULOSIS (ALL FORMS).

CASES NOTIFIED AND DEATHS REGISTERED.

	City of Georgetown.		Remainder of Colony.		Whole Colony.		Public Hospitals In-Patients.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1927	116	93	173	252	289	345	388	139
1928	102	76	190	225	292	301	357	122
1929	97	61	230	215	327	276	368	127
1930	122	85	209	217	331	302	383	143
1931	140 577	78 393	242 1,044	209 1,118	382 1,621	287 1,511	453 1,949	164 695
1932	147	96	276	224	423	320	550	170
1933	123	83	262	206	385	289	540	167
1934	130	85	187	168	317	253	456	135
1935	111	81	234	193	345	274	487	146
1936	114 625	76 421	199 1,158	185 976	313 1,783	261 1,397	480 2,513	143 761
Total ...	1,202	814	2,202	2,094	3,404	2,908	4,462	1,456
Average (10-year) Case Mortality ...	67.7%		95.1%		85.4%		32.6%	

322. It will be seen that the figures for the whole Colony for 1936 were slightly lower, both as regards cases and deaths, than those of the previous year. To

death-rate for the Colony was 0.78 per 1,000 of the population as compared with 0.83 in 1935 and 0.78 in 1934.

323. There was a slight increase in the number of cases in Georgetown but a slight decrease in the number of deaths. In the rural areas there was a decrease in the number of cases as well as of deaths, though with respect to deaths the figures were slightly higher than those of 1934.

324. Comparison of the two quinquennial periods 1927-1931 and 1932-1936 reveals a comparative rise in the number of cases and deaths during the latter period in Georgetown, whilst in the rest of the Colony more cases and less deaths have been recorded for the same five years.

325. As in previous years the death-rate for the Black and Mixed races is much higher than for the East Indian, whilst the former constitutes the main bulk of the population of the City.

326. The high average ten-year case mortality, particularly for the "remainder of the Colony," is no doubt partly due to the non-notification of cases in the early stages of the disease.

327. The British Guiana Society for the Prevention and Treatment of Tuberculosis continued its activities as in former years. These activities take the form of (i) the visiting of patients in their homes by Health Visitors; (ii) dispensary examination and treatment by Honorary Visiting Physicians; (iii) X-ray screening and photography; (iv) Collapse Therapy and (v) sanatorium treatment for incipient and convalescent cases at Best Hospital, West Coast, Demerara.

328. The preparation of the site for the new Tuberculosis Hospital was commenced in December. The site includes that of the present Best Hospital and the area adjacent to it on the north and east. Plans have been completed for a 90 bed hospital for patients in all stages of the disease, and in which the modern methods of treatment will be available.

329. (ii) *Enteric Fever* (*including Typhoid and the Para-typhoids*).—Below is a Table showing the cases notified and deaths registered in the city of Georgetown, the remainder of the Colony, and the Colony as a whole for the past ten years. These are compared with the cases and deaths of in-patients of the Public Hospitals, the average ten-year case mortality also being given:—

TYPHOID FEVER (INCLUDING ENTERIC AND PARATYPHOID).

CASES NOTIFIED AND DEATHS REGISTERED.

	City of Georgetown.				Remainder of Colony.				Whole Colony.				Public Hospitals In-Patients.			
	Cases.		Deaths.		Cases.		Deaths.		Cases.		Deaths		Cases.		Deaths.	
1927	67		16		196		74		263		90		143		49	
1928	55		14		169		44		224		58		114		31	
1929	43		11		157		33		200		44		91		24	
1930	24		7		220		46		244		53		124		29	
1931	18	207	5	53	232	974	47	244	250	1,181	52	297	94	566	23	156
1932	20		8		177		38		197		46		82		24	
1933	30		11		216		57		246		68		96		30	
1934	31		7		284		78		315		85		136		41	
1935	26		5		262		64		288		69		149		44	
1936	178	285	40	71	334	1,273	75	312	512	1,558	115	383	134	597	85	224
Total ...	492		124		2,247		556		2,739		680		1,163		380	
Average (10-year) Case Mortality ...	25·2%				24·8%				24·8%				32·7%			

330. An outbreak of Typhoid Fever occurred in Demerara during the last quarter of the year. It was centred principally in Georgetown where the first cases occurred towards the end of October. Thereafter an increased incidence also occurred in the environs of the City.

331. *Character of Outbreak.*—Early in the outbreak it was observed that the

distribution of cases in Georgetown was very widespread, nearly every ward being affected and that cases occurred simultaneously at points very far removed from each other. It was also observed that every race and social stratum was affected. The outbreak was not characterised at any time as explosive. The above nature of the outbreak persisted to its subsidence at the end of the year.

332. *Extent of Outbreak.*—From the 1st January to the 20th September there were 15 notifications of Enteric Fever in Georgetown. New cases began to occur on the 20th October. There were 13 notifications in October ; 108 in November and 46 in December. Of the total notifications during the year 4 proved to be not genuine cases of Enteric Fever. The seven day period showing the highest incidence was from 24th to 30th November when there were 55 notifications.

333. In the environs of Georgetown including the East Bank to Grove, the Lodge, Campbellville, Kitty and Bel Air to Buxton, there were 111 notifications from the beginning of the year to the 7th October. A further 60 cases occurred to the end of the year. The period of 7 days showing the largest number of notifications was 20th to 26th November, almost coinciding with that of Georgetown. There were 15 notifications during this period.

334. *Previous outbreak during the Year.*—An increased incidence of Enteric Fever was observed and investigated earlier in the year in Ogle and its vicinity in the area from Nonpareil to Turkeyen. There were 55 cases from January to June as compared with 28 cases during the same period in 1935. The incidence was highest from March to June when there were 42 cases as compared with 17 cases for the corresponding period in 1935. During the quarter July to September there were 14 cases. In the last quarter, October to November, there were 28 cases.

335. *Clinical Features, etc.*—The bacteriological findings in the Georgetown area and in most of the cases which occurred in the environs of Georgetown during the outbreak revealed an infection by *Bact. typhosum.* The disease was regarded by the clinicians as one of moderate severity. Most of the cases were treated in hospital. There were 191 admissions to the Public Hospital, Georgetown. Cases on estates were treated in Estate hospitals. Severe symptoms, *e.g.*, bronchitis, delirium, occurred in a number of cases. The more severe complications—haemorrhage and lobar pneumonia—occurred in a few cases. The case mortality at the Public Hospital, Georgetown, during the outbreak was 24%, being much lower than the ten-year Case Mortality (32.7%) for the Hospital, and slightly lower than the ten-year Case Mortality (24.8%) for the whole Colony.

336. *Race.*—Of the 178 cases which occurred in Georgetown during the year, 81 were of the Black race, 40 of the Mixed races, 23 East Indian, 14 Portuguese, 6 Europeans, 3 Chinese and 1 Aboriginal Indian.

337. Of the 334 cases which occurred in the rest of the Colony, 230 were East Indians, 85 Blacks, 11 Mixed, 3 Portuguese and 5 Europeans.

338. For the whole Colony during the year the attack-rate among the various races was as follows :—

Europeans	...	5.17 per 1,000
East Indians	...	2.01 „ „
Portuguese	...	1.98 „ „
Mixed Races	...	1.51 „ „
Black race	...	1.33 „ „
Chinese	...	1.02 „ „
Aboriginal Indians	...	0.11 „ „

339. These rates are based on the population of the various races according to the 1931 census.

340. *Sex.*—The sex distribution was nearly equal as shown in the following Table :—

	Male.	Female.	Total.
Georgetown	97	81	178
Remainder of Colony ...	169	165	334
Whole Colony	266	246	512

341. *Age.*—The following age distribution for the whole Colony as given below is very similar to that of the Georgetown outbreak or that of any other part of the Colony studied separately. 68% of the cases were below 15 years of age. Of these 5 cases were below 2 years of age, 59 between 2 and 5 years and 284 between 5 and 15 years. Of the remainder 91 were between 15 and 25 years, 62 between 25 and 45 years, and 11 between 45 and 65 years.

342. *Origin of the outbreak.*—Enteric fever is endemic throughout the coastlands of the Colony and probably along the lower reaches of the Berbice, Demerara, and Essequibo rivers. Previous epidemics have revealed a tendency to occur during or immediately following the two dry seasons and generally to have terminated with the setting in of the rains. Minett, 1913, quoted by Rowland in the British Guiana Medical Annual for 1912 (published, 1913) stated " Dr. Ferguson considers the washing effect of continued heavy rains to be distinctly beneficial."

343. The increased incidence of the disease which occurred at plantation Ogle along the East Coast, Demerara, and the outbreak in Georgetown and, later, its environs, occurred at such times. In the County of Berbice there was a noticeable, if smaller, rise in the number of cases during the last quarter of the year, as also on the East Bank, Demerara.

344. Speaking in general terms a rise in incidence throughout the Colony during dry seasons would suggest a source of enteric common to all areas such as from existing carriers to water, milk or food supplies. The milk supply to the city of Georgetown is derived from innumerable sources and must be highly mixed by the time it reaches the consumer. The water used in the adulteration may be from fresh water or drainage trenches which, with the advance of the dry season probably become progressively more contaminated. Epidemics due to milk are thus much more likely to be widespread in a city like Georgetown than would be the case in a town where a milk supply is derived from more limited sources.

345. Similarly water supplies, more particularly in rural areas where there is less control and supplies become very restricted in the dry months, are likely to reveal a greater degree of contamination at such periods. Less water is also available for cleaning cattle byres, utensils, etc. In Georgetown where the supply is controlled and no restriction in use was required there would proportionately be less contamination owing to the greater dilution.

346. The question of direct contamination is a very real one in a city, portions of which are very congested, and irrespective of the source of an epidemic must play an important part in its spread.

347. Despite the endeavours of the Government Health Department and Municipal Health Department in trying to trace the source of this epidemic of enteric fever no proof has been forthcoming (as was the case in previous epidemics) and it must remain for the health authorities to continue to tackle the problem from the standpoint of general sanitation and improved hygiene. In the furtherance of pure water supply schemes, the production of cleaner milk and its controlled distribution, increased attention to the hygiene of food, the prevention of fly-breeding and the lessening of housing congestion, there should be found the permanent solution to the problem of enteric fever.

348. In the following lines a closer examination of the epidemiological factors is presented.

349. *Water Supply.*—The water supply of the city of Georgetown consists of rain water, and creek water from the Lamaha conservancy. The rain water is collected from roofs *via* gutters to vats, tanks and barrels, and constitutes the principal drinking supply. The Lamaha water is brownish, somewhat acid creek water brought many miles by open canal through an area practically unpopulated save towards its termination, and pumped under pressure through pipes to individual houses. It is used largely for bathing, domestic and garden purposes. In the environs of Georgetown both these supplies are available, the Lamaha supply being received through an open canal, whilst in addition in the north-western portion of Kitty village artesian well water is also obtainable. (See sketch on page 74).

350. Lamaha water is not normally used for drinking purposes. When, however, vat and tank supplies are exhausted, as some become during dry seasons treated creek water (clarified by alum and sodium aluminate, and chlorinated) is supplied by the Municipal authorities at a nominal charge. It is probable that in the majority of instances kitchen utensils and fruits and vegetables are normally washed in untreated Lamaha water. The possibility therefore had to be considered of cases arising in those houses where, by reason of the prolonged dry weather, the occupier had found it necessary to have his vat filled with Lamaha water. In these cases the Chief Engineer of the Pure Water Supply Commissioners supplies Lamaha water which has been clarified with alum and sodium aluminate and thereafter chlorinated. This was done by him in the case of every vat filled. Periodically the bleaching power is tested for available chlorine and due allowance made (including allowance for deterioration since the last test). The supply added was always in excess of the specific amount required in terms of vat capacity.

351. The possibility, however, had to be considered that incomplete disinfection may have occurred. Presupposing a supply infected with typhoid organisms, by reason of the watchman's family, or from a source higher up the canal, it was worth while setting this possibility.

352. Through the kindness of the Commissioners it has been ascertained that during September, October and November twenty-seven vats were so filled or refilled. Excluding three business premises, the vats of two of which were refilled, there remained twenty-two lots occupied by private families whose water supply for drinking purposes depended on the treated Lamaha water. In only two of these lots did a single case of typhoid fever occur in each. And this is to be expected in a widely distributed epidemic. When the dates of these cases in relation to the filling of the vats are considered the position becomes still more definite.

353. During the week ending the 15th October nine vats were filled and it was one of these lots that one of the two cases occurred. One case, however, was first seen on the 13th November and notified on the 29th. That practically one month had elapsed since the filling of the vat would clearly indicate an absence of any association between the case and the use of Lamaha water, especially having in mind the viability of the organism in such water.

354. The second case occurred in a lot where the vat had been filled on the 19th October ; the case was first seen on the 13th October and notified on the 27th. Here it was impossible, allowing for the incubation period, for the Lamaha water to have been responsible.

355. Either the clarification and chlorination of the Lamaha water was effective or the Lamaha water itself was non-infective, and persons who drank that water contracted their typhoid fever from some other source.

356. The comparative degree of contamination of Lamaha and of rain water

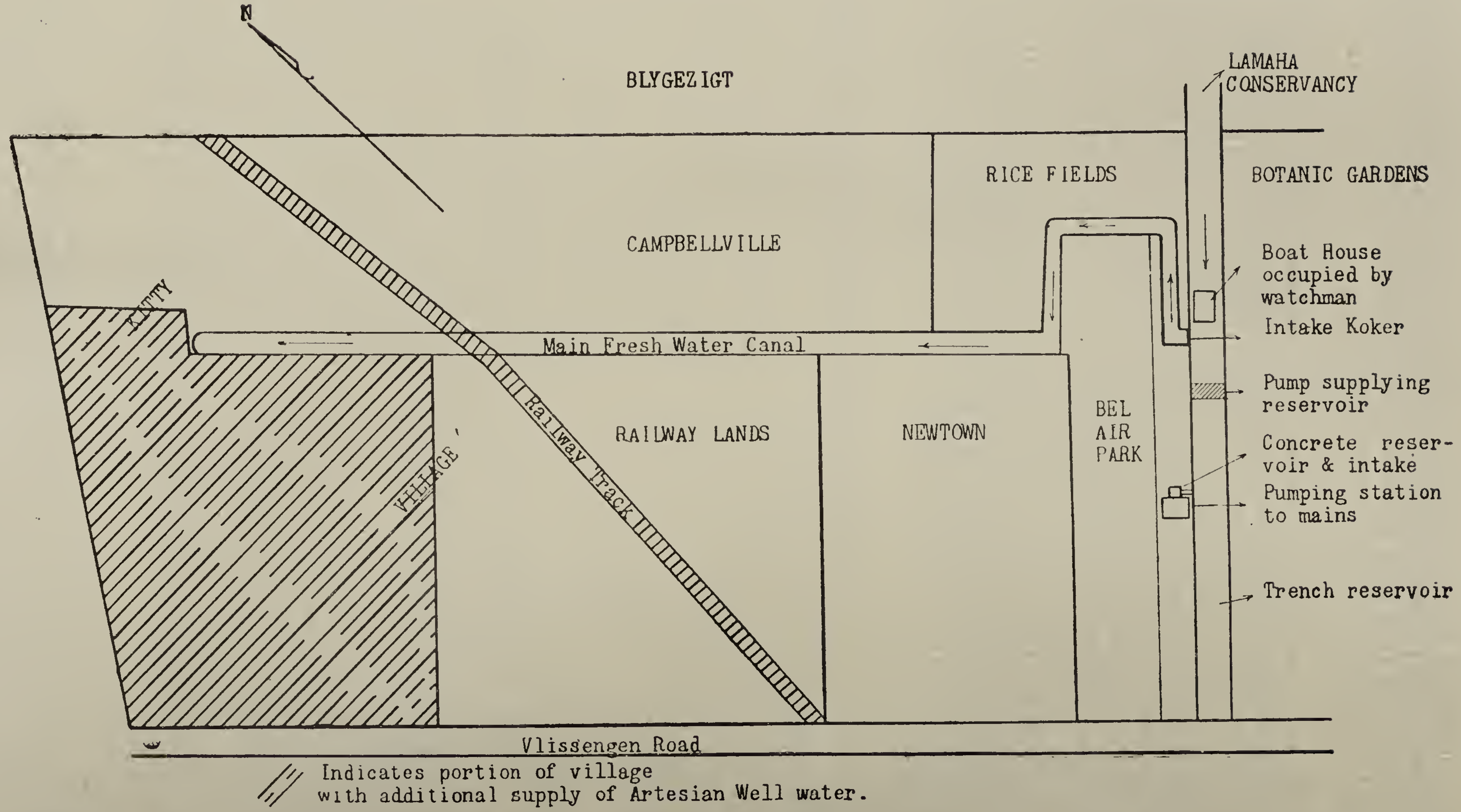
supplies is a matter of some moment in assessing the probability or otherwise of the conveyance of typhoid organisms. It has not infrequently been stated Lamaha water is much purer than rain water, but the analyses carried out in the Government Health Department has not borne this out.

357. Of one hundred and sixteen water analyses carried out in the past eight years of untreated Lamaha tap water, Lamaha other than tap water (*i.e.*, creek water, or water from sweet-water trenches), trench water (water from drainage trenches containing rain and creek water and receiving the drainage water from land, cattle byres, latrines, etc.) and rain water, the following is a brief summary of the results, shewing in what quantities of the sample coliform organisms have been found present, thus indicating the probable degree of human or animal faecal contamination. It should be said at the outset, however, that the normal standard organism used in determining the degree of contamination is that coliform organism known as Bacillus Coli Communis. With but a single exception (rain collected directly into sterile receptacles in the act of falling, on the roof of the Government Health Department) the organisms isolated have always been of the Baccillus Coli Communior grouping, but it is probable that a similar significance may be attached to the results.

Sample of water.	No. of cc's of water sample in which coliform organisms found present and thereunder, the number of samples with end points under the various quantities.									Total samples tested.
	100—100	50	25	10	5	1	$\frac{1}{10}$	$\frac{1}{100}$	$\frac{1}{1000}$	
Rain	2	2	2	7	3	6	5	4	2	33
Lamaha (from tap)	...	...	1	2	15	10	...	..	...	28
Lamaha (other sources, but excluding trench water	1	...	1	5	17	14	...	..	1	39
Trench water	...	...	...	...	...	...	2	10	4	16
All sources	3	2	4	14	35	30	7	14	7	116

358. It will be observed from this table that whilst rain water has shewn somewhat variable results, Lamaha water, whether from the tap or from the open fresh water canal shews fairly consistent degrees of contamination, Coliform organisms being found present in five cubic centimetres of the water in no less than fifty-seven samples out of a total of sixty-seven, or 85%—as compared with 60% of the rain water samples. Lamaha water is thus shewn to be more liable to contain harmful bacteria than is rain water, although when the latter does become contaminated the contamination may be much more severe than that of Lamaha water and this is to be expected. Rain water can become contaminated from the air in falling, from dust on the roof and in the gutters and vat itself. In the rainy season there will be little dust, whilst the sun's rays on the roof in the dry season will probably kill off most organisms in a matter of hours. The chances of contamination of the vat water with human faecal matter in a properly sewered city is thus very small.

359. In the case of the Lamaha supply, however, coming as it does through miles of open unprotected canal, animal faecal contamination must be considerable. Only in its lowest reaches, however, are dwelling houses in the neighbourhood of the canal (though still at some distance) and in recent years these have multiplied considerably. The possible chances of human contamination must proportionately have increased. Casual examination of samples of faecal matter found along the banks were almost certainly that of dogs, as broken pieces of shell were found therein, and crabs are numerous. The possibility, though much more remote, has therefore, to be borne in mind of a source of infection above that of the occupants of the boat house shewn in the accompanying sketch plan which will be referred to below.



Sketch Plan showing main fresh water canal from Lamaha Conservancy supplying Kitty, Railway Lands, Newtown and Western half of Campbellville.

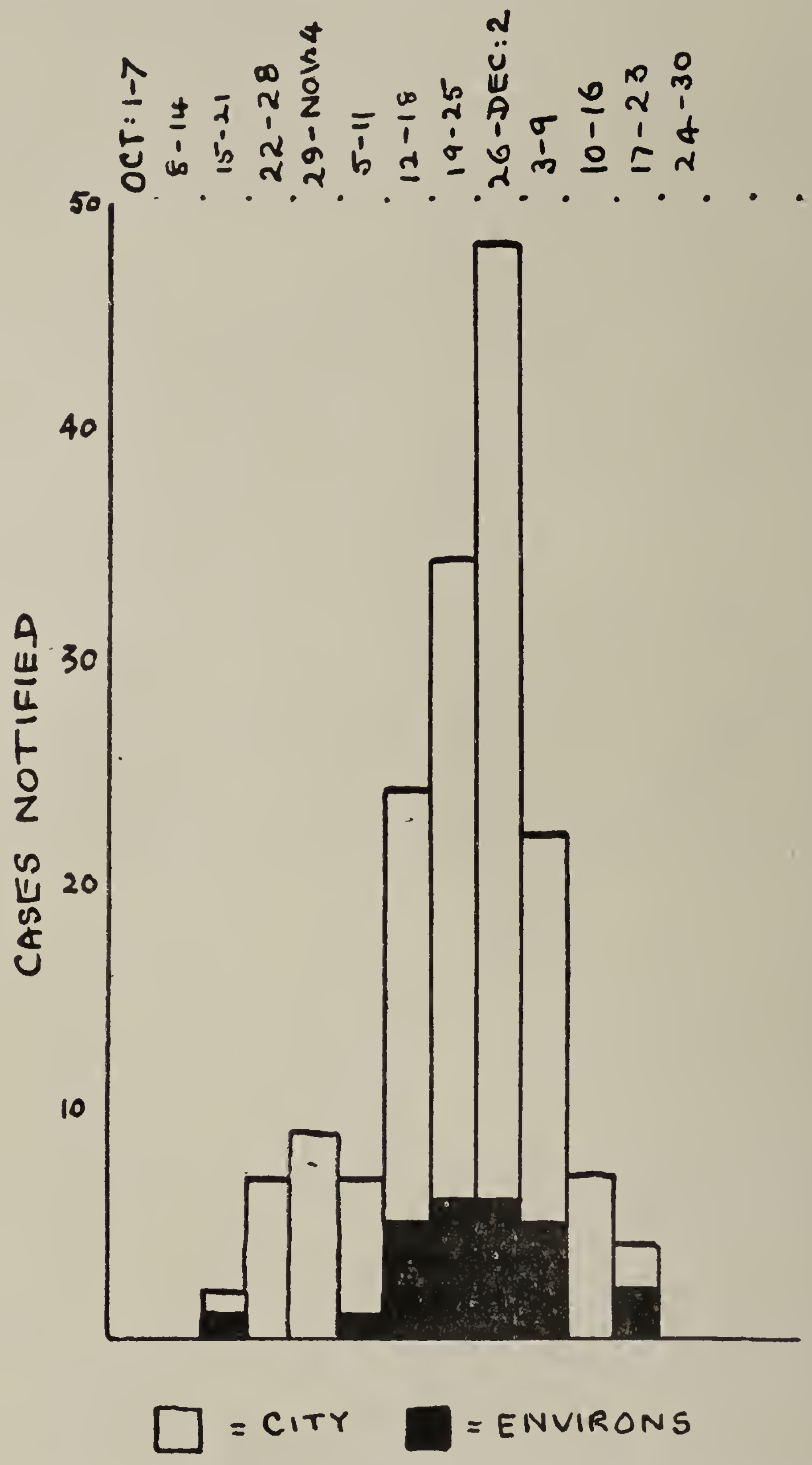
360. As regards the various bacteriological tests made of samples taken from possible sources of contamination, the Government Bacteriologist reported as follows :—

> “ The Medical Officer of Health, Georgetown, sent for culture samples
> “ of faeces for 31 suspected carriers. From none of these was Bacterium
> “ Typhosum isolated.
>
> “ A little girl, one of the family of the watchman at the boat house on
> “ the Lamaha Canal, was brought for a Widal examination. This was
> “ found to be positive to B. Typhosum and the other members of the
> “ family, along with the families of two other watchmen, were brought for
> “ similar examination (18 in all).
>
> “ Three of these, the mother, brother and sister of the original suspect,
> “ gave positive Widals, and they were detained in the Public Hospital,
> “ Georgetown, for investigation. Three faeces examinations were made
> “ from each, but in no case was the Bact. Typhosum isolated.
>
> “ 42 samples of water were taken from vats in the town and from
> “ different parts of the Lamaha Canal. These were cultured for presence
> “ of B. Typhosum, but in no case was it isolated.
>
> “ An investigation of the viability of Bact. Typhosum in culture and
> “ also infected faeces in Lamaha water at ordinary temperature was also
> “ made. This important test had to be undertaken when the pressure of
> “ work in the laboratory was at a maximum and it was not possible to
> “ submit it to so many tests as I consider essential.
>
> “ The result of the tests as made was that Bact. Typhosum was not
> “ isolated from the artificially infected water *after* 96 hours. This is a
> “ shorter period than is stated as the average viability in England at
> “ 70° F., but taking into consideration the acidity of Lamaha water this
> “ is not surprising. I intend to repeat the test.”

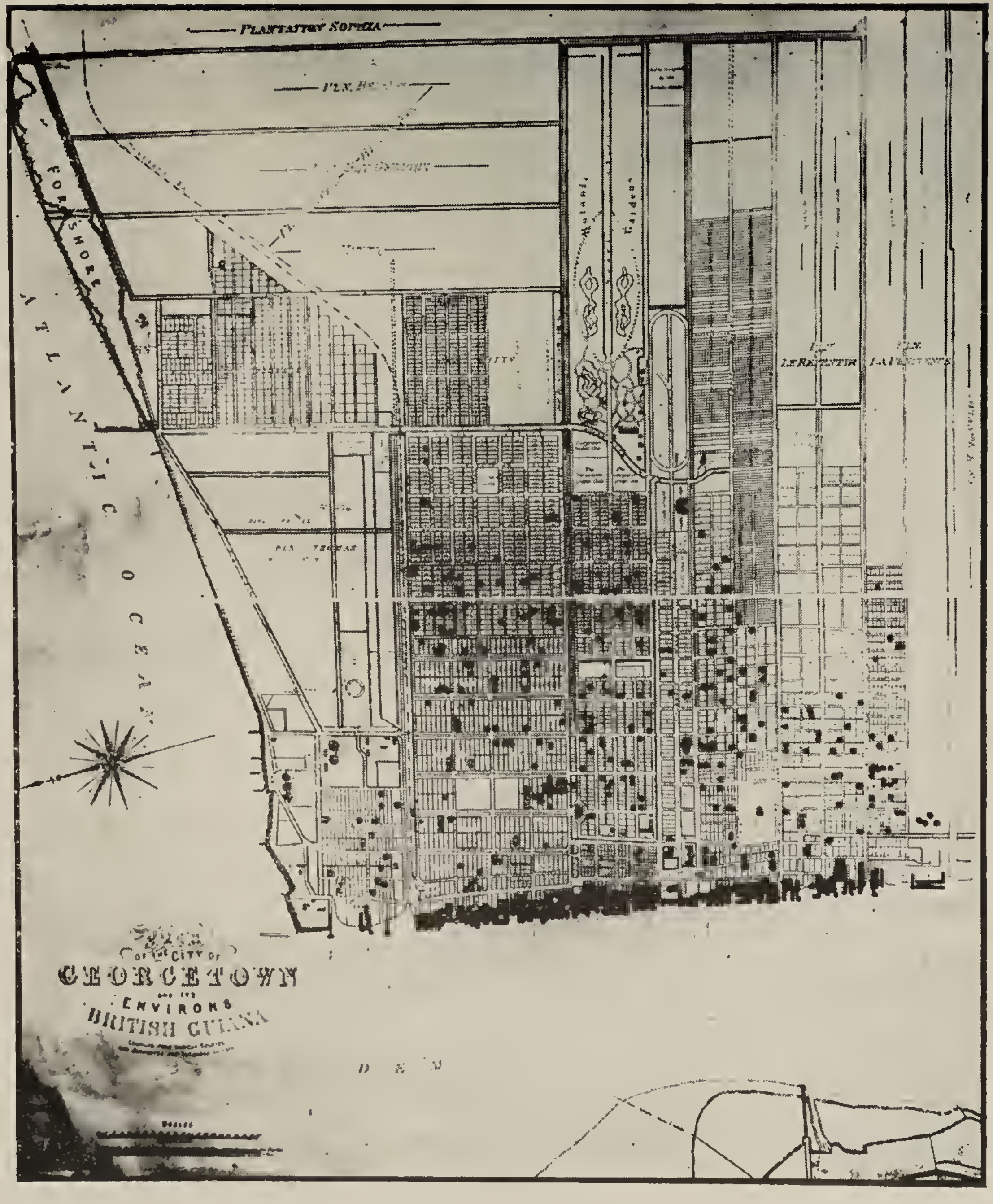
361. Reference to the diagram will shew the position of the boat house, occupied by the watchman and his family, situated over the conservancy canal. The position of this house makes very attractive the theory that the source of the infection originated with its occupants, four of whom were shewn to have positive Widal reactions. It is not known what proportion of the people of Georgetown are Widal positive. Other factors, however, must not be overlooked because of this. For example, not one of the cases was found to have typhoid bacilli in the stools even after triple examinations in each case (the urine, it is true, was not examined). Again, the family exclusive of the watchman himself—that is, all four of the positive Widal cases—left the house on the 5th November and did not return until the 30th November. Nevertheless, although the water was not being infected during this period the epidemic increased rapidly, to reach its peak period between the 26th November and December 2nd when the number of cases was 48. Even allowing up to the 18th of November for cases in the incubation period in the ensuing four weeks (19th November to 9th December), no less than one hundred and four new cases occurred out of a total of one hundred and sixty-four for the whole epidemic. Sixty-three per cent. of the cases had therefore a source of infection other than directly from the Lamaha supply, if the viability and the negative Lamaha and vat water tests are accepted.

362. Furthermore, a glance at the diagram will shew that the site of the supposed contamination of the Lamaha water was *above* the branch supply leading to the villages in the environs of Georgetown—Campbellville, Newtown, Kitty village and certain occupied railway lands. With the exception of a portion of Kitty Village (as shaded on the diagram) which has an additional source of artesian water, these villages depend for their drinking and domestic supplies very largely from this branch fresh water canal. Most occupiers supplement this supply with drums and barrels collecting rain water. But at this period, towards the close of a dry season, few, if any, would still have rain water, as the drums and barrels have a capacity of only about 40 to 50 gallons.

363. Hence, one would have expected a community who at the time were practically dependent on the Lamaha water to be the first to succumb to the epidemic, drinking as they were the supposedly contaminated water even before it reached the inhabitants of Georgetown. The line diagram clearly shews, however, that the epidemic in the city was well on its way (18 cases) before cases began to occur in those environs and then only in proportionately small numbers. There was one case in the third week in October and this is to be expected with an endemic disease, but the epidemic clearly did not begin until after the 5th of November or some three weeks after the epidemic had begun in the city.

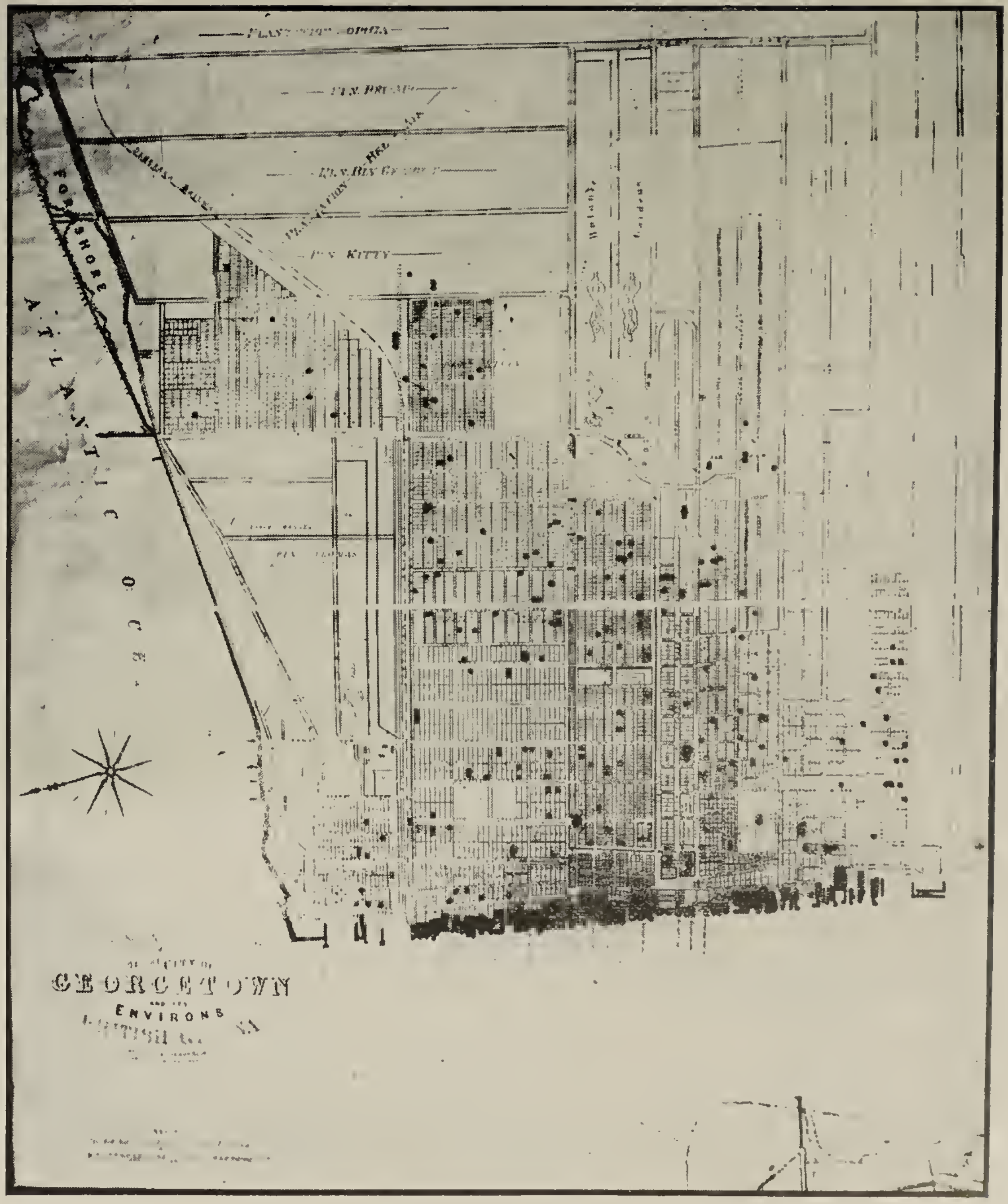


364. It is difficult, therefore, to avoid the suggestion that infection spread from the city to its environs. In this connection a possible source of infection may have been meals taken at the children's breakfast centre. Of sixteen children living in the envirous (Kitty 6; Campbell ville 1; Newtown 2; Lodge 2; La Penitence 2; Alexander Village 3) who suffered from typhoid fever and who were attending schools in Georgetown, no less than 8, or exactly 50% were getting such a meal. Unfortunately, this possible association—a carrier at the breakfast centre—was not known until long after the termination of the epidemic and was only suggested by the County Sanitary Inspector for Demerara when he heard of two or three such



Spot Map of Georgetown of Enteric Fever Cases admitted to the Public Hospital, Georgetown, for period 1909, 1910, 1911, 1912, to May, 1913 (352 cases).

N.B.—Sixteen cases not "spotted"—numbers of lots in the several streets not ascertainable.



Spot Map of Georgetown showing distribution of Enteric Fever Cases during 1936 Epidemic.

cases. Following this up the above facts have emerged. It is significant that the majority of the cases (63% in the city) occurred in children of school age. Further investigation in this direction is being made.

365. *Milk Supplies.*—The general position with regard to the milk supply to Georgetown has already been mentioned. Early in the outbreak it was observed that no source of milk supply was common to cases in any two houses. In some instances cases had occurred in families who stated that only condensed milk was used.

366. Several samples of milk were examined by the Government Bacteriologist, but without any positive result.

367. Whilst the scattered nature of the epidemic is not normally that which would be expected if the outbreak had been milk borne, the possibility must nevertheless be borne in mind owing to the multiplicity of sources and the high degree of mixing which occurs. As a fair proportion of the city's supply comes from the East Coast, infection by carriers resulting from the small outbreak at Plantation Ogle earlier in the year may have been possible.

368. The percentage of milk adulteration—in the direction of added water—is interesting in considering milk as the source of the epidemic under review. For the first six months of the year 1936 the percentage was 3.5 and for the second half year it stood at 4.6. The epidemic occurred in the last quarter of the year. In the third quarter 3.2% adulteration is recorded, whilst the percentage rose in the last quarter to 6.0 (Report of the Government Analyst). As the dry season progresses and milk becomes scarcer, so its adulteration by water increases—water which is too often obtained from the nearest drainage trench. Many drainage trenches still have over-trench latrines, particularly on estates, and direct contamination of the milk with typhoid organisms is thus possible.

369. *Other possible sources.*—Samples of ice cream and frozen sweets were also examined by the Government Bacteriologist, but again without positive results. Large quantities of vegetables are daily brought into the city from country areas and it is possible these may have become contaminated as a result of being washed in trench water.

370. The possibility of the epidemic having been fly-borne has not been overlooked. Flies, however, during the period of the epidemic were comparatively few, and a number collected from houses where cases had occurred were macerated and the material cultured, but no typhoid organisms were found.

371. Probably one of the greatest factors in the spread of the epidemic was infection by direct contact and through infected fomites, whatever the actual source.

372. As shewn by the accompanying map the comparative evenness of distribution throughout the city is a point of particular epidemiological interest. A second map is also included for comparison and has been taken from the British Guiana Medical Annual for 1912 (published in 1913). It shews the enteric fever cases admitted into the Public Hospital, Georgetown, from 1909 to May, 1913. The scattered distribution is equally apparent.

373. Typhoid fever has declined very markedly in recent years in the city of Georgetown, and this may in large measure be attributable to the proper sewering of the city. Observers in certain of the earlier epidemics considered the source to be infection from the more or less open cesspit which was present in every lot in the city. Whilst epidemics certainly occurred more frequently in those years the advent of another one in 1936 rather points to some source clearly distinct from those, and it also suggests that some of the earlier ones may have been due to a similar source to the epidemic under review—that is, to some still undiscovered factor which has remained unchanged throughout the years.

374. *Measures taken to check the epidemic.—(a)* Patients were visited as early as possible by the Medical Officer of Health concerned and in collaboration with the medical practitioner in attendance hospitalisation was effected, compulsorily in some cases, whenever effective isolation or proper treatment seemed impracticable.

(b) Contacts of all cases submitted to prophylactic inoculation.

(c) The Government Bacteriologist prepared 10,275 c.c. of T.A.B. vaccine which were issued to medical practitioners on request. The general public were offered free prophylactic injections against the disease. Thousands availed themselves of the offer in addition to those who were injected by their private medical attendants. Each person received two injections at one week's interval. 2,231 injections were given at the Municipal Health Office and Infant Welfare centres, 3,500 at the Government Bacteriological Department, and 1,070 at the Government No. 1 Dispensary. Government appointed temporarily a Medical Officer who was occupied principally with the inoculation of school children. The primary and secondary schools were visited and 1,749 pupils were inoculated.

(d) The Lamaha water was chlorinated before being piped to the city, the collections of rain water in several premises were similarly treated while the public were advised to boil all water used for drinking purposes and the washing of food utensils.

(e) Milk is usually boiled before ingestion in this Colony. The need for this precaution was emphasised. A search was also made among milk vendors and on farms for possible carriers; and an endeavour was made to connect if possible any one previously notified as a sufferer from enteric fever with the current milk supply

(f) The disinfection of premises and other precautionary measures adopted in this and other infectious diseases were carried out by the Sanitary Inspectors. In addition these officers and Health Visitors gave advice at individual houses and enjoined occupants to seek early medical advice or to convey to hospital anyone who showed the slightest symptom of the disease.

(g) Articles by the Government Medical Officer of Health and the Medical Officer of Health, Georgetown, were published in the local papers giving detailed advice to the public and enumerating the precautions to be taken to avoid the possibility of contracting the disease.

375. *Diphtheria.*—Below is a table showing the cases notified and deaths registered in the city of Georgetown, the remainder of the Colony, and the Colony as a whole for the past ten years. These are compared with the cases and deaths of in-patients of the Public Hospitals, the average ten-year case mortality also being given:—

DIPHTHERIA.

CASES NOTIFIED AND DEATHS REGISTERED.

	City of Georgetown.		Remainder of Colony.		Whole Colony.		Public Hospitals In-Patients.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1927	13	2	17	13	30	15	21	11
1928	21	9	14	11	35	20	16	9
1929	18	4	8	6	26	10	15	6
1930	18	4	20	7	38	11	21	7
1931	19 89	2 21	17 76	7 44	36 165	9 65	13 86	6 39
1932	32	5	11	5	43	10	30	5
1933	21	2	9	5	30	7	17	7
1934	31	3	15	3	46	6	34	4
1935	22	2	12	5	24	7	19	5
1936	19 125	4 16	9 56	6 24	28 181	10 40	21 121	8 29
Total ...	214	37	132	68	346	105	207	68
Average (10-year) Case Mortality.	17·3%		51·5%		30·3%		32·8%	

376. The table reveals an increased incidence of this disease in the city of

Georgetown over the past five years, as compared with the previous quinquennium, but in a form distinctly milder. This has not, however, occurred in the village and country districts. As is to be expected in these areas the case mortality is considerably higher than that obtaining in the city where hospital treatment is more readily obtainable.

377. *Chicken-Pox.*—Below is a table showing the cases notified and deaths registered in the city of Georgetown, the remainder of the Colony, and the Colony as a whole for the past ten years. These are compared with the cases and deaths of in-patients of the public hospitals, the average ten-year case mortality also being given :—

CHICKEN POX.

CASES NOTIFIED AND DEATHS REGISTERED.

	City of Georgetown.		Remainder of Colony.		Whole Colony.		Public Hospitals In-Patients.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1927	14	...	17	...	31	...	5	...
1928	7	1	44	...	51	1	11	...
1929	9	...	41	...	50	...	14	...
1930	25	...	49	...	74	...	22	...
1931	52 107	... 1	18 169	... ...	70 276	... 1	55 107	...
1932	55	...	41	1	96	1	43	...
1933	30	...	90	...	120	...	34	...
1934	29	...	14	...	43	...	25	...
1935	35	...	29	...	64	...	23	...
1936	22 171	... ...	23 197	... 1	45 368	... 1	26 151	...
Total ...	278	1	366	1	644	2	258	...
Average (10-year) Case Mortality.	0.4%		0.3%		0.3%		0.0%	

378. The severity of cases of this disease may to some extent be gauged by the degree of hospitalization. Thus, in 1931 of 70 cases throughout the Colony no less than 55 were sent to hospital, whereas in 1933 only in 34 out of 120 was this found to be necessary.

379. *Ophthalmia Neonatorum.*—Below is a table showing the cases notified in the city of Georgetown, the remainder of the Colony, and the Colony as a whole since this disease was made notifiable :—

OPHTHALMIA NEONATORUM.

CASES NOTIFIED.

(Notification commenced November, 1930).

	City of Georgetown.	Remainder of Colony.	Whole Colony.
	Cases.	Cases.	Cases.
1930 (Nov.-Dec.) ...	3	5	8
1931	36	12	48
1932	37	29	66
1933	32	18	50
1934	55	20	75
1935	61	33	94
1936	60	29	89
Total ...	284	146	430

380. Of the remaining notifiable diseases the following cases occurred :—

	Notification commenced.	1933.	1934.	1935.	1936.
Infantile Paralysis ...	Aug. 1933	...	2	..	...
Erysipelas	Nov. 1934	...	3	12	14
Scarlet Fever	Nov. 1934	...	...	...	...
Anthrax	Nov. 1934	...	...	...	...
Puerperal Fever	Nov. 1934	...	2	29	18
Puerperal Septicaemia ...	Nov. 1934	...	3	15	17
Trachoma	Sept. 1935	...	...	7	28

4.—GENERAL PREVENTIVE MEASURES.

381. The usual Tables showing in detail the work of the District Sanitary Inspectors are appended.

382. Of specified sanitary improvements carried out there were 68,509 as compared with 60,448 in the previous year. Cases taken to Court numbered 429; of these, 29 were withdrawn, 3 dismissed, and 4 struck out, the number of convictions being 393.

383. *Routine Departmental activity.*—The annually increasing volume of work now required of the sanitary staff is reflecting seriously on the frequency of the normal routine inspection of lots and of trades and industries generally. With a population now showing an appreciable annual natural increase there consequentially follows greater building activity, an expansion of land laid out for building purposes, the opening up of more trades, schools, and so on, and the daily task of the sanitary inspector increases proportionately.

384. In the early days of the Department the district of the Inspector was restricted to the boundaries of a particular village. The intervening land between villages was not controlled. With the expansion of building lots, particularly on the front lands of sugar estates, it was found imperative to extend the district of each inspector to include roughly half the intervening land on each side of his original village district, thus increasing the road facade by many miles and with varying depths. Quite apart from this heavy increase of work the mileage factor alone has played a no inconsiderable part, and the necessity for motor cycles in place of push bicycles is more and more becoming apparent.

385. As and when each new regulation under the Public Health Ordinance is drafted and enforced proportionately more work will fall to the lot of the Inspector and the time is not far distant—in certain areas it has come already—when a reduction in the size of each district will have to be made in terms both of population and of area, and this must involve appreciable increase in the number of sanitary inspectors. There are, further, many districts along the coastlands where it has not yet been found possible to station Inspectors and this creates an unfortunate situation, particularly at the junctions of controlled with uncontrolled areas.

386. Until this position is rectified the number of routine inspections must annually shew a reduction (apart from any specific instruction to concentrate on a particular item which may have been issued). In fact, it is now a matter of many months before an Inspector will again reach any one lot in the course of his round of the district, other than if specifically requested to visit by the occupier, etc. Whilst it is true the general standard of cleanliness and orderliness of lots has improved considerably in recent years and occupiers now appreciate the advantages of a sanitary state of their premises to a greater degree, that standard has as yet hardly passed its elementary stage and frequent routine visits will be required for many years to come.

387. *Buildings.*—The policy of the Department has for some ten years now aimed towards the establishment of some order out of the chaotic state into which buildings, and the laying out of the land for building purposes, had fallen into, and this has immensely increased the labours of the Inspectors. In the majority of instances it is the Inspector who has to fill in the building application form, take all the measurements and draw the plan, and similarly in the case of the laying out of land. Much of this work has to be left to the evening after the field work is completed for the day.

388. In the county of Berbice, in particular, land had in the past been laid out into lots primarily adapted for agricultural purposes. No differentiation was generally made between the laying out of land for building, as against agricultural purposes. A usual procedure was for a lot to be of narrow facade and of great

length—say, five rods by seventy-five. Lots could be transported into not less than quarter lots, and the method of division was longitudinal with the result that the facade became two and one half and even 1¼ rods (nearly 31 feet and fifteen and one half feet respectively), whilst the length remained the same. Such land cannot be deemed as suitably laid out for building purposes. Had originally a part of the land been laid out into suitably sized building lots and the remainder into agricultural lots the position would have been safeguarded.

389. It has been the absence of any form of "town planning" that has resulted in the present congestion of dwelling houses, each placed as near as possible to the public roads. The more the "house-spots" the owner rents out the more profitable it is to him, with the result that a multiplicity of houses has been erected on the road end of each of these long lots. Sub-division into proper house lots is thus made very difficult, if not impossible.

390. Until new regulations supercede the existing building by-laws, which permit of dwelling houses and buildings of all kinds being built within eight feet of each other, even the proper laying out of the land into suitably sized lots will not prevent the existing congestion: but a great step forward will have been made if the necessary cross roads and intersecting roads are included on a plan and building applications are dealt with by the local sanitary authorities concerned in accordance with the plan and not otherwise. As retrospective action cannot be considered without the question of compensation arising, this policy is being followed wherever the co-operation of the authorities can be obtained. It is regrettable to have to record, however, that this is not always forthcoming.

391. It is not here possible to enter fully into this complicated problem, the application of which, nevertheless, occupies a very large proportion of the time of the senior and of the sanitary staff, but it is one which has arisen largely because much of these laws had perforce to remain in abeyance owing to lack or shortage of the necessary staff, and in the meantime whole villages have come into being without any ordered lay-out. It is now, and will be for some time, the task of the Central Board of Health gradually to correct this position.

392. *Drainage.*—So much of the sickness and death annually occurring in British Guiana is attributable primarily to lack of proper drainage in the residential areas that its importance can hardly be over-estimated. The prevention of malaria fever depends first and foremost on the proper drainage of the land. Bad drainage results in a higher sub-soil level of the water, and this in turn seriously affects the mode of construction and the efficacy of pit latrines throughout rural areas, and so, the prevalence of ankylostomiasis and the possibilities of spread of other intestinal and water-borne diseases. The semi-swampy nature of the ground must predispose to bronchitis, pneumonia, neuritis and rheumatism which are all too common. Frequent contamination of fresh water canals must result from seepage from drainage trenches, and when, with excessive rainfall the water in the latter rises above the level of the road, direct contamination must occur.

393. The heavy cost, however, of maintaining many miles of trenches, coupled with the limited financial position of the local authorities concerned, results in not a few instances in whole districts never being properly drained, and for a no inconsiderable portion of the year remaining in a semi-flooded state.

394. With constant re-digging and re-grading over the years many inter-lot drains and trenches have become much larger and deeper than is actually necessary to carry off the surplus water from the lot or area in question. As a consequence water is left standing for many days, if not for a whole season, and often in a semi-stagnant state. Mosquito breeding remains rife. Whilst in the past it appears to have been an unconscious principle to dig as many and as deep drains as possible in order to prevent even transient swampiness of the surrounding land and also, in particular, to obtain the earth to raise the 'house-spots' or range sites to a high

and dry level, the modern health policy is to have as few drains as is consistent with the removal of surface water before breeding can occur, and that those drains be wide, shallow and saucer-shaped to permit of maximum evaporation and advent of wind and sun so that they become dry soon after the rain has ceased falling. The reference here is chiefly to inter-lot drains. In this way much of the anopheline mosquito breeding can be prevented.

395. *Trades and Industries.*—As regards the offensive trades the greatest expansion has occurred in the establishment of factories for the manufacture of coconut oil. Whilst in itself this industry is one of the least offensive of these trades, there almost invariably accompanies it the keeping of pigs which are fed largely on the husk after the oil has been extracted. As far as possible approval is restricted to applications for establishment outside of residential areas.

396. The usual annual inspections of rice factories were carried out during the last quarter of the year. Since the introduction of the Rice Factories Ordinance which made the Central Board of Health the authority for the issuing of certificates, which is dependent upon the factory being in a sanitary state, a considerable burden of additional work has been placed on the shoulders of Sanitary Inspectors. Irrespective of their other work more than two hundred factories have to be visited —often several times—within a limited period, and not infrequently they are situated outside of their own district.

397. An important factor in the inspection is the condition of the water supply used for the soaking of padi. In the rural areas this is often merely a pond which has collected rain water, but which in the dry season becomes very stagnant and discoloured. In many cases this has to some extent been overcome by enlarging the capacity of the reservoir or carting the water from a fresh water canal. As no legal standards have as yet been laid down for drinking water in the Colony—where the sources of supply in rural districts are so variable, and where the open fresh water canal system is in such general use, it would be a very difficult problem to assess such standards—it would not be possible to require a high standard for the water used in soaking the padi.

398. *Burial grounds.*—The position with regard to the procedure adopted in village and rural areas of the burial of the dead leaves much to be desired. In many burial grounds no systematized burying takes place, but bodies are interred haphazardly in a site chosen at random. No specific records are kept indicating the exact site, and no detailed layout of the ground and pegging off of the graves into properly aligned and spaced rows has even been made.

399. A preliminary survey has been made by each Sanitary Inspector of every burial ground and burial space within his district and a full report made as to drainage, remaining unoccupied space and many other matters. Draft regulations have been prepared which will have the effect of closing undesirable or already occupied burial grounds, ensuring a proper register and control of burials and the laying out of the ground.

400. *Vaccination.*—Public vaccinators appointed in various parts of the colony continued to vaccinate cases brought to them. Vaccination officers are under the control of the Surgeon-General and are appointed for the purpose. The following table shows the number of vaccinations performed :—

	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.
Total Vaccinations	4,241	6,668	6,500	4,864	5,179	6,200	4,880	6,045	34,534	8,325
Total verified successful ...	3,610	5,911	5,824	4,777	4,778	5,834	4,636	5,691	32,006	8,002
Per cent. verified successful ...	85.1	88.6	89.6	98.2	92.3	94.0	95.0	94.1	92.7	96.1

5.—SPECIAL PREVENTIVE MEASURES.

401. *Milk testing.*—With a view to arriving at suitable standards which may be incorporated in future milk regulations, samples of milk are being collected from (i) the cow (ii) the producer (iii) the middleman and (iv) the retailer and are being tested bacteriologically, and with the sedimentation and reductase tests. It will be necessary to carry out these tests over a whole year at least, so as to have seasonal variations recorded.

402. *Bonification.*—A small area, near New Amsterdam, was bonified, the land being taken over by a sports club. It is hoped, if funds permit, gradually to extend this work towards the Mental Hospital and later to the Fort lands. The courida roots provide an excellent source of breeding of the "sandfly" and their elimination will help far to lessen this pest, as well as that from mosquitos.

403. Bonification of the Thomas Lands to the north of Georgetown was continued throughout the year. Earth obtained from Kelly's Dam is being used to fill a wide trench adjacent to it and other low-lying land in the neighbourhood.

404. Preliminary survey work prior to bonification of the site proposed for the new Tuberculosis Hospital was begun towards the close of the year. The area, some five acres in extent, lies adjacent to the quarantine station.

405. *Inoculation of School Children.*—Consequent upon the enteric fever outbreak an additional doctor was appointed to undertake mass inoculation of children in the schools in Georgetown, large numbers being so treated. As 63% of the cases which had occurred in the age group 5—15 years the termination of the epidemic may well have been brought about much more rapidly as a result of this activity.

406. *Health Tours.*—Three health tours were able to be planned and carried out during the year, the centres chosen being the West Coast, Demerara, the West Bank, Demerara, and the county of Essequibo. Demonstrations and lectures were given in three populated centres in each case.

407. A caravan, fitted with an electric generating plant, and containing epidiascope, cinematograph, and models and other demonstration material, is despatched to the centre concerned. The demonstration is prepared in the morning, and during the afternoon first the school children of the district concerned, and even of neighbouring districts, and later adults are shewn the models, photographs, etc., by Sanitary Inspectors who give a short talk on each subject.

408. In the evening lectures are given by the senior Health Officers and County Sanitary Inspectors on appropriate subjects, and illustrated by episcopic, diascopic and cinematographic projections. A 'house' full to over-flowing was experienced at each and every centre visited.

6.—LABORATORY WORK.

409. Seventy-six specimens of sputa were examined for tubercle bacilli, eight cases being found to be positive.

410. Eight specimens of water were examined for the presence of coliform organisms. In one specimen they were absent from 50 cc; in one, present in 10 cc; in one, present in $\frac{1}{10}$ cc; and in three specimens, present in $\frac{1}{100}$ cc.

[illegible]

411. One specimen of stool was examined and found negative to ova and helminthic larvae.

412. Twenty-three specimens of milk from cows, and from producers, middlemen and retailers were collected and portions forwarded to the Government Bacteriologist, whilst reductase and sedimentation tests were made on the remaining portions.

413. Fourteen specimens of milk were obtained from persons in whose homes enteric fever cases had occurred. The milk was centrifuged and the sediment forwarded to the Government Bacteriologist.

414. Samples of ice cream were similarly obtained and treated.

415. Only routine work was able to be attempted during the year owing to the fact that the laboratory assistant was only able to devote a portion of his time to the laboratory, the remainder being occupied in undertaking the duties of a Sanitary Inspector in a district adjacent to the city, and in supervising the work of bonification of the Thomas Lands.

B. N. V. WASE-BAILEY,
Government Medical Officer of Health.

Appendix A.

TABLE I.

Inspections of lots.	Notices served.	Prosecutions.	Convictions.	Withdrawn.	Dismissed.	Struck out.	Amount of fines.
112,742	7,395	429	393	29	3	4	$485.90

TABLE II.

Lots weeded.	Drains weeded.	Drains dug.	Trenches cleaned.	Ponds cleaned	Water Receptacles screened.
9,204	6,155	1,265	1,078	625	1,236

TABLE III.

Latrines erected.	Latrines removed and re-erected.	Latrines repaired.	Latrines limewashed.	Cesspits emptied.	Cesspits oiled.
1,810	1,301	2,380	2,072	327	891

TABLE IV.

	1935.	1936.
Inspection of provision shops	7,327	7,160
Provision shops cleaned by order	1,203	1,323
Provision shops certified	89	120
Inspection of bakeries	1,849	1,716
Bakeries cleaned by order	527	451
Bakeries certified	52	10
Samples of foodstuffs examined	188,862	169,045
Samples of foodstuffs condemned	768	682
Inspection of butcheries	4,334	5,308
Carcases inspected	8,119	9,619

TABLE V.

Milk Sampling, Inspection of Cowpens, etc.	1935.	1936.
Cattle-pens certified as sources of milk supply... ...	584	1,173
Licences issued for the sale of milk	1,246	1,124
Persons prosecuted for selling milk unlawfully ...	39	25
Persons prosecuted for selling adulterated milk ...	95	117
Inspection of cattle-pens	6,026	5,516
Cattle-pens cleaned by order	1,264	1,093

TABLE VI.

Results of Milk Sampling—		
Samples taken	1,670	1,544
Samples genuine	1,569	1,422
Samples adulterated	96	117
Amount of fines	$ 785.40	$ 840.35

TABLE VII.

Percentage of Adulterated Milk Samples—		
East Coast, Demerara	5.0%	7.1%
West Coast, Demerara	1.4%	8.4%
East Bank, Demerara	3.9%	12.1%
West Bank, Demerara	0.0%	8.1%
Demerara River	0.0%	6.9%
Essequebo	6.6%	5.5%

XIII.—PORT HEALTH WORK AND ADMINISTRATION.

PORT OF GEORGETOWN.

416. The Surgeon-General is the Quarantine Authority for the Colony.

The Staff is as follows :—

Health Officer ...	...B. N. V. Wase-Bailey, M.D. (Edin.), D.P.H., D.T.M. & H. (Eng.).
Deputy Health Officers	...E. Cochrane, M.B., Ch.B. (Glasg.), D.P.H., (Lond.) to 31st January, 1936. O. M. Francis, M.D., C.M. (McGill), L.M.S. (Nova Scotia), D.T.M. & H. (Eng.), D.P.H. (Lond).
Port Sanitary Inspectors	...J. H. Matthews, San. Insp. Class III (Local Certificate in Hygiene & Sanitation) from January to 15th October, 1936. S. D. Singh, San. Insp. Class III (Certificate, Royal Sanitary Institute for Sanitary Inspectors and Certificate, Tropical Hygiene).
Engineer ...	...W. Spooner.

417. During the year the visiting of vessels and granting of pratique were performed by the Deputy Port Health Officer, Dr. E. Cochrane, to 31st January and from 1st February by Dr. O. M. Francis.

418. Quarantine was maintained during the year as follows :—

(a) Permanently against all South and Central American Ports (except British, French and Dutch) for Yellow Fever, Plague, Small-pox, Cholera and Typhus Fever.

(b) Against the ports of New Orleans, Mobile and Tampa, (U.S.A.) for Typhus Fever.

(c) In the case of ships coming from St. Thomas, St. Croix, Porto Rico and Santo Domingo arrangements are in force to ensure the notification of any occurrence of quarantine diseases in these ports.

419. *Vessels visited by the Port Health Officer.*—During the year 86 vessels were visited by the Port Health Officer under the quarantine Ordinance tabulated as under with fees chargeable in each case.

Month.	Gratis.	$4 00	$6 50	$9 00	$2 00 (Revisit).
January	...	5	3	...	...
February	...	4	...	...	...
March	...	6	...	...	...
April	1	7	1	...	...
May	...	6	...	...	...
June	...	6	...	...	...
July	...	8	...	...	...
August	...	6	...	...	...
September	...	6	...	...	...
October	...	8	1	...	...
November	1	8	2	...	...
December	...	7	...	...	...
Total (86) ...	2	77	7	...	...

420. Passengers were placed under surveillance by the Port Health Officer as follows :—

For Smallpox	...	...	...	13
For Cholera	...	..	...	...
For Yellow Fever	...	...	...	...
For Plague	...	...	...	...

421. Vessels consigned to the Demerara Bauxite Company, MacKenzie, Demerara River, with crews placed under surveillance by the Port Health Officer, were allowed to proceed to their destination. In each case the Medical Officer of the Bauxite Company was instructed to keep all members of the crew of each vessel under surveillance until the quarantine period had expired and to report at the expiration of the period.

422. *Vessels visited by the Port Sanitary Inspector.*—The total number of vessels visited was as under :—

Steamers.			*Sailing Vessels.*		
Ocean steamers	...	128	Schooners	...	131
Coasting steamers	...	27	Others craft	...	56
		155			187

423. The total number of visits paid to vessels was as follows ;—

Steamers.			*Sailing Vessels.*		
Ocean steamers	...	319	Schooners	...	533
Coasting steamers	...	406	Other craft	...	148
		725			681

424. The above visits include routine inspection of Government steamers.

425. *Notices served on Masters of vessels lying in Port.*—During the year no written notices were served on masters of vessels by the Port Sanitary Inspector. Nuisances occurring on board vessels were abated according to verbal instructions issued.

426. *Care of Merchant Seamen.*—Forty-five (45) sick seamen were sent to the Public Hospital, Georgetown, for treatment during the year from ocean-going vessels.

427. *Vessels fumigated and disinfected by the Port Health authorities.*—The crew's quarters of the S.S. "Norden" was disinfected with formalin on 19th October, 1936.

428. The holds of the M.V. "Girl Pat" were fumigated with sulphur gas and the crew's quarters disinfected with formalin on 22nd December, 1936.

429. Plague precautions were enforced on vessels lying alongside the Port of Georgetown or at MacKenzie, Demerara River.

430. *Disinfection and fumigation machines.*—(i) The Clayton Fumigator at the Public Hospital, Georgetown, was not employed for fumigation purposes during the year, but was subjected to a quarterly test and gave satisfaction on each occasion. New hose for this machine is required.

(ii) The Washington Lyon Steam Disinfector at the Quarantine Station, Best, West Coast, Demerara, was subjected to a quarterly test during the year and worked satisfactorily on each occasion. Several charges of bedding were sterilized for the Tuberculosis Hospital.

(iii) The Clayton Rat Gassing Machine was used in the fumigation of the holds of the M.V. "Girl Pat," and it worked satisfactorily.

431. *Trapping and Examination of Rats.*—No rats were trapped during the year.

432. *Quarantine Station, Best, West Coast, Demerara.*—Regular attention has been directed to the keeping of this station compound in a sanitary condition, including the weeding of grass, bushing and the maintenance of proper drainage.

433. *Remarks.*—Cablegrams were interchanged as heretofore between the Health Officer of this and other convention ports giving notice of passengers under surveillance on board vessels about to sail.

434. The total revenue accruing to Government from sanitary services in the Port of Georgetown in 1936 amounted to $358.50.

435. No shrimping was carried out in the prohibited area of the Port of Georgetown.

XIV.—Meteorological.

436. The rainfall during the year, as registered at the Botanic Gardens (Georgetown) was 104.09 inches as against 86.35 in 1935, and the mean percentage of humidity was 81.6 as against 80.9 inches in 1935.

437. The mean of the four recording stations in Georgetown was 97.27 inches as against 82.55 in 1935.

438. The following is the meteorological return for the year which was kindly supplied by the Director of Agriculture :—

Month.	Temperature.						Rainfall.		Winds.	
	Solar Maximum.	Minimum on Grass.	Shade Maximum.	Shade Minimum.	Range.	Mean.	Amount in Inches.	Per cent of Humidity.	General Direction.	Average Force. Velocity
January	145·5	71·7	83·5	75·0	14·0	79·2	6·32	81·5	N.E.	8·05
February	148·8	70·2	83·6	74·1	14·0	78·8	2·49	76·9	N.E.	7·94
March	148·9	73·4	84·4	76·0	14·5	80·2	9·20	81·5	N.E.	7·99
April	146·8	74·4	84·6	76·7	13·5	80·6	13·43	83·9	N.E.	8·23
May	139·8	74·9	85·0	76·6	13·0	80·8	15·01	85·1	N.E.	5·73
June	141·7	73·3	84·9	75·3	17·0	80·1	11·92	84·3	N.E.	5·53
July	142·7	72·7	85·4	75·1	15·5	80·2	10·34	83·1	N.E.	5·04
August	147·5	73·5	86·9	75·8	16·5	81·3	1·47	80·3	N.E.	6·02
September	149·8	73·6	88·0	76·2	15·5	82·1	1·66	79·5	N.E.	6·15
October	148·5	73·1	87·8	76·4	18·5	82·1	4·66	80·9	N.E.	6·11
November	149·2	73·6	86·9	76·9	15·0	81·9	4·32	79·9	N.E.	6·85
December	146·2	73·4	86·5	76·1	15·0	81·3	23·27	82·4	N.E.	7·36
Mean	146·3	73·1	85·6	75·8	...	80·7	104·09	81·6	...	6·75

Georgetown—Registered Mean Rainfall for the year 1936=97.27 inches.

XV.—Scientific.

439. The annual report of the Government Bacteriologist for 1936 appears as Appendix I.

B. N. V. WASE-BAILEY,
Surgeon-General (Acting).

APPENDIX I.

GOVERNMENT BACTERIOLOGICAL LABORATORY—ANNUAL REPORT FOR THE YEAR 1936.

1.—STAFF.

Bacteriologist and Pathologist	...G. H. Steven M.B., Ch. B. (Edin).
Technical Assistants	...Messrs. I. and E. A. Singh.
Probationer	...Mr. M. N. Fernandes.
Junior Assistant	...Mr. J. O. Morgan.
Laboratory Attendant	...Mrs. M. Duncan.

Mr. J. O. Morgan was engaged as Assistant from 17th August, 1936.

2.—LEAVE.

None of the Staff was on vacation leave during the year.

3.—BACTERIOLOGICAL AND SEROLOGICAL WORK.

The total number of specimens examined during the year was 15,970 of which 9,974 were general, and 5,996 Wasserman tests.

The number examined in 1935 was 14,836, of which 8,921 were general and 5,915 Wasserman tests.

The detailed classification is given in Table 1.

TABLE I.

(1) *Microscopic and Chemical—*		
Sputa for Mycobacteria Tuberculosa	975	
Nasal smears for Mycobacteria Leprosa	20	
Faeces for Helminths and Amoebae	689	
Blood for Malaria Parasites	1,713	
Blood for Micro Filaria	144	
Blood Total and Differential Counts	577	
Smears for Gonococci and Spirochaetes	2,744	
Pus for organisms	41	
Urine for Chemical and Microscopic examination	242	
Tissue sections	30	
Cerebro-Spinal Fluids for Globulin and Cells	9	
Varia	48	7,232
2. *Cultural—*		
Urine	70	
Blood	566	
Pus	67	
Faeces	764	
Water	47	
Milk	84	
Cerebro-Spinal Fluids	7	
Throat Swabs. K.L.B.	141	
Autogenous Vaccines made	34	1,780
3. *Pathological & Chemical—*		
Widal Reactions	646	
Blood Urea Estimations	176	
Blood Sugar Do	98	
Urea Concentration tests	31	
Faeces for Occult Blood	9	
Vanden Berg Reactions	2	
Wasserman Reactions	5,996	6,958
Total		15,970

Info. P3

There were also 20 examinations for Spermatozoa and 2 for presence of sheep's blood (serological) for Police purposes.

4. *Source of Specimens*—

Public Hospital, Georgetown	13,285
,, ,, New Amsterdam	326
Best Hospital	158
Other Government Institutions	519
G.M.Os. in Districts	378
Child Welfare Centres	694
Private Practitioners	597
Total	15,957

5. Remarks on various diseases investigated.

(*a*) *Helminths*.—

689 specimens of faeces were examined microscopically and of these 202 contained Helminthic Ova. (29 per cent).

Anchylostoma were found in	177, *i.e.*	88.5% of Positives.
Ascaris Lumbricoides ,, ,,	15, *i.e.*	7.5% ,, ,,
Trichuris Trichuira. ,, ,,	9, *i.e.*	4.5% ,, ,,
Oxyuris Vermicularis ,, ,,	1, *i.e.*	0.5% ,, ,,

There is little variation in the Hookworm infection noted annually but other Helminths appear to be decreasing.

(*b*) Dysentery-Amoebic.

Entamoebae Histolytica were found only 4 times.

(*c*) Enteric & Dysenteric (Bacillary) Group.

There were two distinct epidemics of Typhoid in the latter part of the year. On the East Coast in Spring and Summer months and in Georgetown in November and December. Investigating examinations were all greatly increased, 646 Widal examinations were made, of which 295 were positive.

242	to	Bacterium Typhosum.
31	to	Bacterium Paratyphosum "A."
20	to	,, ,, "B."
2	to	,, ,, "C."

Bacterium Paratyphosum "C" agglutination was found in conjunction with "A" or "B."

538 Blood cultures were made and Bact. Typhosum was grown in 47 cases.

764 faeces cultures were made. These were mainly for Bact. Dysenterium up to October. Bact. Dysenterium Flexner was found twice, Shiga once.

In connection with the outbreak of Typhoid in Georgetown, the following examinations during October, November, and December were made :

340 persons were examined by Widal, blood culture and faeces culture. (In most of the cases all three examinations were made). Of these 153 were proved positive by one or more of the examinations.

335 Widal examinations were made of which 129 were positive. The large number of negative Widals was due, in great measure, to the blood being examined before the tenth day of the illness and no repetition being made if the faeces showed positives.

335 blood cultures were made and Bacterium Typhosum was found in 27 cases.

695 faeces examinations were made and Bacterium Typhosum found in 77 cases. These examinations were continued till 3 or more negative results were obtained, in some cases necessitating 6 or 8 examinations.

(*d*) *Malaria*—

1,713 Blood films were examined for Plasmodia which were found in 393 cases, viz :

Plasmodium Vivax	was present in	329 cases.
,, Falciparum	,, in	58 ,,
,, Malariae	,, in	6 ,,

(*e*) *Nephritis*—

Full examinations of Urine were made in 242 cases, 34 of these contained Albumen in larger quantities than 0.05% (14%)

176 Blood Urea estimations were made.

52, (30%) contained between 50 and 100 milligrams of urea per 100cc.; 31 (18%) contained over 100 milligrams per 100cc.

(*f*) *Tuberculosis*—

975 sputa were examined during the year and of these 202 (20%) were found to contain Mycobacteria Tuberculosa.

These figures include periodical examinations of Best Hospital patients, and a few from the Tuberculosis Clinic.

(*g*) *Venereal Diseases*—

Syphilis.

5,984 sera and 12 cerebro-spinal fluids were examined by Harrison's method of the Wasserman Reaction—a total of 5,984. Of these 1,498 sera and 3 cerebro-spinal fluids were positive.

148 sera were returned as weak positives, most of these being from patients undergoing treatment.

Microscopic Examinations.

2,744 smears for Gonococci and Spirochaetes were examined during the year. Much of this microscopic examination consists of re-examination of chronic cases to note progress in treatment and for the purpose of ceasing treatment. These examinations should be undertaken by the Clinician. It is manifestly impossible for the Bacteriologist to convey to the Clinician a picture of the cells in a smear, say after a prostatic massage. The amount of this unnecessary work, to my mind, is a severe tax on the laboratory staff, and prevents embarking on other work. The V.D. Department is now too big for supervision by a G.M.O. with other duties, and a staff liable to be moved at any time to other wards.

6. *Vaccines*—

Stock vaccines of T.A.B., Streptococcus Haemolyticus, Staphylococcus Aureus and Albus, and Gonococcus were routinely prepared and issued to Medical Practitioners free on request.

T.A.B. Vaccine—

3,000 mls = 2,000 adult doses (1.5 ml) were made and issued up till October. With the outbreak of a sharp epidemic in Georgetown in the last three months of the year the demand for vaccine was increased and between the 11th of November and the end of December 10,175 mls. = to over 6,700 adult doses were made. In addition 3,500 prophylactic injections were given at the Laboratory.

Streptococcus Vaccine—

Injections of Streptococcus Vaccine were given in filarial cases many years ago and they were resumed in 1928. The Vaccine is prepared from various haemolytic strains of Streptococci which have been isolated in the Laboratory. About 50 people attend weekly some on the advice of medical practitioners, but for the most part on their own instigation.

Those patients claim that the injections do modify the fever, pain and general discomfort, and while there is little other evidence that the injections have any effect on filariasis beyond the patients' statements, I consider these are sufficient to justify the continuance of the treatment. About 4,000 mls. of Vaccine were made in the year.

Stock Staphylococcal Vaccine—

This is kept for use in cases of fururculosis, acne, &c. About 1,000 mls. were made.

Mixed Gonococcal Vaccines—

The demand for this vaccine is not so great as in previous years. 1,500 ml were made but not all used. It is evident that as a curative agent it is found wanting—which is not surprising.

Autogenous Vaccines—

34 of these were prepared.

7. Water Examinations.

Examinations were made during the year of the Public Hospital Pure Water Supply and also water used in the production of ice and aerated water in the City. Both these supplies were of unexceptional purity.

Repeated examinations were made of Lamaha and vat waters, especially during the Typhoid outbreak. These waters were found to be impure bacteriologically but Bacterium Typhosum was not found.

The purity of Lamaha and vat water varies greatly with the rainfall but the number of Bact. Coli Aerogenes present is seldom less than 1,000 per 100 ml. (according to McCrady's Tables) and generally exceeds this. In Lamaha water the predominant organism is usually negative by Citrate test while Bact. Coli Neopolitanum is most often recovered from vat water. The pH of Lamaha water is about 0.66.

8. Milk examination.

An investigation into the Bacteriological condition of the milk supply of Georgetown was initiated by the G.M.O.H. in October with a view to Milk Grading.

As the milk-producers are nearly all poor East Indians scattered over the area from Leguan to Mahaicony, it is obvious that the task of supplying Georgetown with milk must involve many people and the milk pass through many hands between the cow and the consumer.

The supply from each producer is precarious as there is no food supply for the cattle except the rather coarse grass of the mudflats and rice fields of the coastal area and also from the fact that calves almost invariably run with their mothers.

The investigation up to now has, divided the samples into 4 groups.

1. From the cow milked direct into sterilised bottles.
2. Taken from the producer's cans, which he passes on to the middleman.
3. From the cans of the middleman. This comprises milk from several producers.
4. From the cans of the retailer which may come from one middleman or more.

In all, 84 samples of milk have been examined. The tests are : Agar Count, Estimation of Coli-Aerogenes content, Reductase test, Keeping Quality test, and presence of Anaerobic organisms of faecal origin.

In Group 1,23 samples were examined, of which 16 were of Certified Milk Standard (English Standard), 2 of Grade " A " and 5 below that Standard.

In Group 2 of 23 samples, 1 was of Certified Standard, 10 of Grade " A " Standard, and 12 below that Standard.

In Group 3, 19 specimens were examined of which 2 were of Certified Milk Standard, 5 Grade " A", and 12 below Grade " A " Standard.

In Group 4, 19 specimens were examined all of which were of a lower Standard than Grade " A."

It is apparent that much improvement is necessary in the milking and handling of milk—and also that all milk should be boiled at present before use.

During the Typhoid outbreak a few samples of milk were examined for presence of Bact. Typhosum but it was not found in any sample.

Pathological.—

205 Postmortem examinations were made during the year and the following gives the causes of death :

1. *Injuries, &c.*—		
Multiple fractures and laceration of Liver	1	
Multiple wounds	1	
G.S.W. of Face and Chest	1	
Electrocution	1	
Corrosive Acid Poisoning	1	
Fractured Skull, &c.	3	
Perineal laceration Haemorrhage	1	
Burns	2	
Post Operative Haemorrhage	1	
Intra Cranial Do.	1	13
2. *General Diseases*—	—	
Septicaemia	2	
Malaria	14	
Pyaemic Abscesses	1	
Banti's Disease	1	
Congenital Syphilis	1	
Dysentery	1	
Malnutrition	2	
Enteric	3	
Septic Cellulitis	1	26
3. *Diseases of the Respiratory System*—	—	
Bronchectiasis	3	
Gangrene Lung	1	
Bronchopneuminia	6	
Lobar Pneumonia	7	
Pulmonary Tuberculosis	7	
Empyema	4	
Emphysema and Bronchitis	4	
Oedema Glollidis	1	
Pleurisy	1	34
4. *Tumours*—	—	
Carcinoma of Oesophagus	2	
Sarcoma of Sternum	1	
" " Scapula	1	
" " Kidney (Liver)	2	
Carried forward ...		73

Brought forward		73
Carcinoma of Stomach, Liver and Bowel	1	
,, ,, Lung	1	
,, ,, Liver	1	
,, ,, Pancreas, Liver, and Lung	1	
,, ,, Rectum	1	
,, ,, Breast	1	12
5. *Circulatory System—*		
Aortic Aneurysm	2	
Heart Failure with general Oedema	1	
Arterio Sclerosis	6	
Congenital Deformity. Persistent Duct	1	
Heart failure. Toxaemia	4	
Myocarditis	16	
Chronic Heart failure with Lung Consolidation	2	
Aneurysm of common Carotid. (Rupture)	1	
,, ,, Renal Art (Rupture)	1	
Endocarditis, Ulcerative	2	
Senile Heart Failure	3	
Septic Pericarditis	5	44
6. *Digestive System—*		
Septic Peritonitis	6	
Chronic Ulceration Bowel perforation	1	
Gangrene of bowel	2	
Gastric Ulcer Perforated	4	
Volvulus	3	
Gastro Enteritis	2	
Cirrhosis of Liver	3	
Tuberculosis of Bowel	5	
Strangulated Hernia	1	
Acute Gastritis	1	
Appendicitis. Gangrenous	3	
Perforated jejuinal Ulcer Gastric Ulcer	1	
Metastatic Abscess of Liver	1	
Intussusception	1	
Tuberculosis of Mesenteric Glands	2	36
7. *Generative System—*		
Pyosalpynx	7	
Retained Placenta. Septicaema	3	
Hypereunesis. Exhaustion	1	11
8. *Nervous System—*		
Septic Meningitis	5	
Cerebral Abscess	2	
Do Haemorrhage	5	
Do Embolism	1	13
9. *Excretory System—*		
Acute congestion of Kidney	1	
Chronic Cystitis	1	
Acute Nephritis	4	
Chronic Parenchymatous Nephritis	5	
Pyelo Nephritis	3	
Pregnancy Nephritis	2	16
Total		205

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